

No. 2  
-12-45  
-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12852

FILED APR 17 1947

Registration District No. 22

Primary Registration District No. 5289

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Clay

(b) City or town R.R. #8 North Kansas City, Mo  
(If outside of town limits, write "RURAL" or "CITY OF")

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town R.R. #8 N.K.C. Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 8  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME G.C. Blythe

3. (b) If veteran, name war NO

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5-15-45  
\_\_\_\_\_ 19\_\_\_\_, to death \_\_\_\_\_ 19\_\_\_\_;

that I last saw h. in alive on 3-3-47  
and that death occurred on the date and hour stated above.

4. male 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Annie Blythe

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec 14 1878  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to rupture

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 3

Of autopsy \_\_\_\_\_

Duration 3 days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 68 Months 2 Days 30  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Greenbrier, Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name G.W. Blythe

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Blythe

(b) Address R.R. # 8 N.K.C. Mo

17. (a) Removal (b) Date thereof Mar 5 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenbrier, Ark

18. (e) Signature of funeral director Morton-Smith Fun Home

(b) Address 832 Armour Rd N.K.C. Mo

19. (a) Mar 5 - 1947 (b) Bessie Kitchener  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature P. H. Dunham M.D. (M. D. or other) \_\_\_\_\_

Address P.K.C., Mo Date signed 3/27/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-18-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Hester L. Manning

Registered Apprentice No. 447

working under my personal supervision.

Signed

Theron O. Smith

Licensed Embalmer No. 3928

P.O. Address North Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.