

S. No. 2
 DM-5-43
 v. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED FEB 5 1945
 Registration District No. 296

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 3170
 Registrar's No. 2

Primary Registration District No. 6019

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

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Orick - Mrs. P. F. D. No. 1
 (If outside city or town limits, write "RURAL" and name of township)
Orick Twp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray 89
 (c) City or town Rural Orick Twp.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY ALICE BLYTH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ROBERT D. BLYTH
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased DEC. 19 1956
 (Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 23
 If less than one day _____ hr. _____ min.

9. Birthplace RAY COUNTY (City, town, or county) (State or foreign country) 0

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name BENSIMAN GORDON
 13. Birthplace RAY COUNTY (City, town, or county) (State or foreign country) 0
 14. Maiden name MARtha SACRY
 15. Birthplace RAY COUNTY (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Lula Sherwood
 (b) Address Orick P.F.D. No. 1

17. (a) Burial (b) Date thereof 1-14-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation South Point

18. (a) Signature of funeral director W. G. M. M. M.
 (b) Address Orick, Mo.

19. (a) 1/13/45 (b) Dr. J. F. Summers
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
 year 1945 hour 11 minute 0 P.M.
 21. I hereby certify that I attended the deceased from Oct. 1, 1944, to Jan. 12, 1945
 that I last saw her alive on Dec. 18, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration Unknown
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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) (c) Means of injury _____
 23. Signature Virgil E. Shale (M. D. or other) 0
 Address Orick, Mo. Date signed 1-13-45

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-2-45

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed..... *Portland Minor*.....

Licensed Embalmer No. *3414*.....

P. O. Address. *Richmond Mo.*.....

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.