

FILED JUN 20 1946

Registration District No. 27

Primary Registration District No. 445

Registrar's No. 17

1. PLACE OF DEATH:

(a) County RAY
(b) City or town Orriek
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
In this community all of his life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89
(c) City or town Orriek, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT D. BLYTH

3. (b) If veteran, _____ (c) Social Security _____
" name war _____ No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced _____
(b) Name of husband or wife Mary Alice Blyth 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased John & 1867
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 29 If less than one day
hr. _____ min. _____

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name William R. Blyth
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Leanna Riffe
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Blyth
(b) Address Orriek, Mo.
17. (a) Burial (b) Date thereof 6-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation South Point

18. (a) Signature of funeral director B. W. ...
(b) Address Orriek, Mo.
19. (a) June 1-1946 (b) Delev ...
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1946 hour 1:15 minute 15A M.

21. I hereby certify that I attended the deceased from April 1, 1944, to June 1, 1946;
that I last saw him alive on May 31, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration unknown

Due to Chronic myocarditis 3 yrs.
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 830

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)
(e) Means of injury _____

23. Signature Virgil E. Shale (M. D. or other) _____
Address Orriek, Mo. Date signed 6-2-46

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

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 6-15-46

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.

Self

Signed Victor E. Frminger

Licensed Embalmer No. 2896

P. O. Address Liberty 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.