

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25112**
Registrar's No. **22**

Registration District No. **296** Primary Registration District No. **6017**

1. PLACE OF DEATH:
(a) County **Ray**
(b) City or town **Rural 3 MI East of Orrick**
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All of his Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Ray**
(c) City or town **Camden, Mo. R #1**
(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 **Basil Allen Blythe**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **7**
year **1947** hour **4** minute **50** M.

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from **Sept 6 - 1946** to **June 7, 1947**
that I last saw him alive on **June 2nd, 1947**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Nov. 11 1888**
(Month) (Day) (Year)

Immediate cause of death **Chronic Hypertensive Cardiopathy**

8. AGE: Years Months Days If less than one day
58 6 28 hr. min.

Due to **hypertensive Chronic**

9. Birthplace **Orrick, Mo.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
171B

10. Usual occupation **Farmer**

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Ben Blythe**
13. Birthplace **Ray County**
(City, town, or county) (State or foreign country)
14. Maiden name **Mollie Holloway**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sallie Earnest**
(b) Address **Camden, Mo. Route 1**

17. (a) **Burial** (b) Date thereof **6-9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **South Point Cem.**

18. (a) Signature of funeral director **B. W. Good**
(b) Address **Orrick, Mo.**

19. (a) **6/4/47** (b) **Helen J. Larkin**
(Data 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? **2**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **G. F. Semmons** (M.D. or other) **D.O.**
Address **Orrick - Mo** Date signed **6-9-47**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-8-47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Self

Signed.....

Victor E. Imminger

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.