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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39225

State File No. _____

Registration District No. 735

Primary Registration District No. 2034

Registrar's No. 218

1. PLACE OF DEATH:

(a) County RANDOLPH

(b) City or town MOBERLY

(c) Name of hospital or institution: WOODLAND HOSPT. D

(d) Length of stay: In hospital or institution 3 hrs.

In this community 3 HRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

(c) City or town PARIS

(d) Street No. COOPER AVE. D

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME BASIL BYBEE

(b) If veteran, name war ✓

(c) Social Security No. 495-03-9599

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4TH year 1941 hour 9:40 P.M. minute _____ M.

4. Sex MALE

5. Color or race WHITE

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

(b) Name of husband or wife MILDRED BYBEE

(c) Age of husband or wife if alive 30 years

7. Birth date of deceased JULY 16 1904

21. I hereby certify that I attended the deceased from 6:15 P.M. Nov. 4 1941 to 9:40 P.M. Nov. 4 1941; that I last saw him alive on Nov. 4 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured brain

Duration 8:00 P.M. Nov. 3, 1941

8. AGE: Years 37 Months 3 Days 18 If less than one day _____ hr. _____ min.

Due to accidental fall down steps at his home

9. Birthplace MONROE Co. Mo. D

Due to _____

10. Usual occupation BULK PLANT AGENT

Other conditions 1960 18 18

11. Industry or business SINCLAIR REFINING Co.

Major findings: ✓

12. Name HORACE BYBEE

Of operations ✓

13. Birthplace MONROE Co. Mo. D

Of autopsy ✓

14. Maiden name CARA BABCOX

15. Birthplace MANCHESTER W.V. 1

16. (a) Informant Mildred Bybee

(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof Nov. 8, 1941

(c) Place: burial or cremation Walnut Grove, Paris

(a) Signature of funeral director Speed & Blaney

(b) Address PARIS, Mo.

(a) 11-8-41 (b) Paul Williams

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) accident

(b) Date of occurrence Nov. 3, 1941

(c) Where did injury occur? Paris Monroe MO.

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

While at work? No (Specify type of place) _____ (e) Means of injury Fell down steps

23. Signature P. D. Streetor (M. D. or other) H

Address MOBERLY, Mo. Date signed 11-6-41

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

925 (Licensed Embalmer's Statement on Reverse Side)

NOV 27 1944

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 E. H. Agnew
Licensed Embalmer No. 4000
P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.