

3001

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 7

Registration District No. 137

Primary Registration District No. 4215

1. PLACE OF DEATH:

- (a) County Henry  
(b) City or town Brownington  
(If outside city or town limits, write "RURAL" and name of township)  
(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

In this community

81 YRS. 9 Mo 29 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

HENRY LEWIS BYBEE

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

MALE

5. Color or race

W

6. (a) Single, widowed, married,

divorced

married

6. (b) Name of husband or wife

Mary M. Bybee

6. (c) Age of husband or wife if

alive

71 years

7. Birth date of deceased

Mar

6

1862

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81

9

29

hr.

min.

9. Birthplace

Brownington

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Robert L. Bybee

13. Birthplace

Louisville

(City, town, or county)

Ky.

(State or foreign country)

14. Maiden name

Mary M. Maddox

15. Birthplace

Louisville

(City, town, or county)

Ky.

(State or foreign country)

16. (a) Informant's own signature

Jesse E. Bybee

(b) Address

Brownington

Mo.

17. (a)

Burial

(b) Date thereof

1-6-44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Maplewood Cem.

18. (a) Signature of funeral director

C. A. Rickett

(b) Address

Brownington

19. (a)

January 6, 1944

Georgia Kitcher

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Brownington  
(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4  
year 1944 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan-2  
1944 to Jan-4 1944

that I last saw him alive on Jan-4 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Edema Duration 2 days

Due to

Influenza

Due to

Bright's Disease

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)

(e) Means of injury

23. Signature C. D. Taylor (M. D. or other)

Address Brownington, Mo. Date signed 1-5-44

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 16 1946

1-44-145-  
2-9-44

### 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 Tam H. H. H.

Licensed Embalmer No. 2782

P. O. Address Deepwater

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

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 129Primary Registration District No. 4215Registrar's No. 7

## 1. PLACE OF DEATH:

- (a) County Henry  
(b) City or town Brownington  
(If outside city or town limits, write "RURAL" and name of township)  
(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  
years, months or days)3. (a) PRINT  
FULL NAMEHenry Lewis Byker

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married,  
divorced

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

7. Birth date of deceased Mar. 6 (Month) (Day) (Year)

8. AGE: Years 81 Months Days If less than one day min.

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

## 10. Usual occupation

## 11. Industry or business

12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

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

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1944 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from  
to

that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pulmonary Edema Duration 2 day

Due to Influenza

Due to Bright's disease  
Chronic

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)  
(e) Means of injury

23. Signature E. H. Taylor (M. D. or other)

Address Brownington Date signed Jan 4/44

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

3001