

BUREAU OF THE CENSUS
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31307

Registration District No. 151

Primary Registration District No. 4085

Registrar's No. 117

1. PLACE OF DEATH:

(a) County CASS
(b) City or town DREXEL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Private Home in Drexel, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days.
(Specify whether
in this community 70 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass.
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles N/E of Drexel, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th
year 1941 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 17
1940 to Sept 11, 1941;
that I last saw h. or alive on Aug 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Arterio Sclerosis
Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME AMERICA BELLE BYBEE.

3. (b) If veteran, name was None. 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife N. B. Bybee 6. (c) Age of husband or wife if alive decd. years

7. Birth date of deceased Nov. 9th, 1857.
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 2 If less than one day
hr. _____ min.

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

10. Usual occupation Household Duties.

11. Industry or business At Home.

MOTHER FATHER { 12. Name Elam Morrison,
13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lavana Tabb,
15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Bybee
(b) Address Lisle, Mo.

17. (a) Burial, (b) Date thereof Sep. 14, 41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Mo.

18. (a) Signature of informant [Signature]
(b) Address Drexel, Mo.

19. (a) 9/13/41, (b) Mabel Kuntze.
(Date 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?

23. Signature Bevil Stewart (M. D. or other)
Address Drexel, Mo. Date signed 9/13/41

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

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, *personally*

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed *[Signature]*

Licensed Embalmer No. *1950*

P. O. Address *Street - 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, above space should be left blank.