

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44122  
Do not use this space.

DEC 12 1938

1. PLACE OF DEATH

(a) County Pettis Registration District No. 6664  
(b) Township Washington Primary Registration District No. 5884 Registered No. 12  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Rosa Bybee

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. V. Bybee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 10 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Maker

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Benton County  
(STATE OR COUNTRY) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) unknown

15. MAIDEN NAME Ann De Lozier

16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) unknown

17. INFORMANT Harner De Bybee  
(ADDRESS) Calhoun, Missouri

18. BURIAL, CREMATION OR REMOVAL PLACE Benton Co. Mo. DATE Dec. 28, 1938

19. FUNERAL DIRECTOR (NAME) Huston-Turner  
(ADDRESS) Windsor, Missouri

20. FILED Dec 29, 1938 Chas. R. Shelton  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 38

22. 8-15-36 HEREBY CERTIFY, That I attended deceased from 12-6-38 to 12-27-38, 1938

I last saw her alive on 12-6-38, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Myocarditis  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) W. R. Reser M. D.  
Cole Camp (Address)

RECEIVED  
District Health Officer No. 81  
District File Number  
Date Filed 1/4/39

**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 \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

**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.**