

Registration District No. 14

Primary Registration District No. 4211

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(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 years, months or days)

3. (a) PRINT FULL NAME Rowena Ellen Bybee 100

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased June 13 1939  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>9</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Rupert Bybee  
13. Birthplace Cross Timbers Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Letha Ellen Clinton  
15. Birthplace Calhoun Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rupert Bybee  
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Mar. 23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner  
(b) Address Windsor, Missouri

19. (a) 3-23-1940 (Date received local registrar)  
T. J. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 107 N. Franklin  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1940 hour 11:45 a.m. M.

21. I hereby certify that I attended the deceased from March 21  
1940, to Mar 21, 1940  
that I last saw him alive on Mar 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Spinal Meningitis  
Since birth  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 1579

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 3/16  
White at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. [unclear] (M. D. or other) \_\_\_\_\_  
Address Windsor Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 7,

District File Number 4-40-203

Date Filed 4-29-40

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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..... *Clifford Guston*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.**