No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35681

FILED NOV 20 1940

Registration District No. 264 Primary Registration District No. 5622A Registrar's No. 40

1. PLACE OF DEATH:

(a) County Lafayette (Clay Twp.)

(b) ~~City or town~~ Rural - 3 mi. West Odessa on #40
(If outside city or town limits, write "RURAL" and ~~give distance~~)

(c) Name of hospital or institution: Highway 40 - 3 mi. West - Odessa - Mo.
(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)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. 1½ mi. West East Odessa Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME George Otto Bybee

3. (b) If veteran, name war None

3. (c) Social Security No. 499-16-2980

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 5 (Day) 1921 (Year)

8. AGE: Years 19 Months 6 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Benton - Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laboror.

11. Industry or business

FATHER
12. Name Nelson Bybee
13. Birthplace Benton Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Amand Foster
15. Birthplace Mercury - Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Nelson Bybee
(b) Address R.F.D. Odessa Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa - Cem.

18. (a) Signature of funeral director Blum & Son
(b) Address Odessa Mo.

19. (a) Oct - 8 - 1940 (Date received local registrar) (b) Mrs E. M. Gordeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day Oct. year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-3-40 10-3, 1940 to 10-3-, 1940 that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull
Internal injuries of chest
Due to Automobile Accident. Ran off Highway
Due to

Duration

Other conditions (Include pregnancy within 3 months of death) NO

Major findings:
Of operations 2 hr 2 hr
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) Accident
(b) Date of occurrence 10-3-40
(c) Where did injury occur? Odessa (City or town) Lafayette (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hiway 40.
(Specify type of place)
While at work? ..... (e) Means of injury Auto Wreck

23. Signature E. B. Misbach (M. D. or Coroner)
Address Odessa Mo Date signed 10/3/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 11-12-40

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 [signature]

Licensed Embalmer No. 2945

P. O. Address Odessa Mo.

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

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