

DEC 14 1940

Primary Registration District No. 203

Registrar's No. 41

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

1. PLACE OF DEATH: Beulton So. Union
 (a) County Beulton
 (b) City or town Rural - So. Union
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Edwards Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME James Buford Bybee
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race wh 6. (a) Single, married, divorced married
 6. (b) Name of husband or wife Mary Bybee 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 16 1886
 (Month) (Day) (Year)

8. AGE: Years 54 Months 09 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer
 12. Name Geo W. Bybee
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Wetelah White
 15. Birthplace Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant J. Bybee Jr
 (b) Address Edwards Mo

17. (a) burial (b) Date thereof 11/18/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Over Timbers Care

18. (a) Signature of funeral director J. Luckey
 (b) Address Wheatland Mo

19. (a) 11-26-40 (b) Jas A. Logan
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Beulton
 (c) City or town Rural - So Union
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1940 hour _____ minute 11:45 P
 21. I hereby certify that I attended the deceased from about Sept 1 1940, to Nov 16 1940, that I last saw him alive on Nov 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Left Kidney
(presumably an hypernephroma)
 Due to _____
 Due to _____
 Other conditions HP
 (Include pregnancy within 3 months of death)

Duration 4 mo
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings: Of operations No operation
 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? 5
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature Guy Hallaway MD (M. D. or other) MD
 Address Springfield MO Date signed 11/23/40

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1715

Date Filed 12-5-40

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 J. R. Lucifora

Licensed Embalmer No. 17989

P. O. Address Wheatland

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, fact should be so stated above.