

FILED JAN 12 1945

Registration District No. **267**

Primary Registration District No. **5902**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County Remond
 (b) City or town Rural - Hawth - TWP.
 (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 1
 In this community 4 mos
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 77
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Percy SYLBY

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

4. Sex male 5. Color or race Wh 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 Oct - 3 1878
 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation factory

11. Industry or business Cotton Farm

12. Name Wheat Sylby

13. Birthplace Hyperburg Tenn
 (City, town, or county) (State or foreign country)

14. Maiden name Clara

15. Birthplace Hyperburg Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Sylby

(b) Address Hawth - MO

17. (a) Burial (b) Date thereof 12-9-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hawth - MO

18. (a) Signature of funeral director J. J. Smith

(b) Address Hawth - MO

19. (a) 12-12-1944 (b) J. J. Johnson, D.D.S.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
 year 1944 hour 3 minute A M.

21. I hereby certify that I attended the deceased on
12-4- 1944 only, 1944;
 that I last saw H.M. alive on 12-4- 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to Chronic nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1 2 1 b

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?
 While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. J. J. Masterson (Name of other) _____

Address Hawth - MO Date signed 12-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

323

1327

(Licensed Embalmer's Statement on Reverse Side)

12-44-294

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, fact should be so stated above.

Registration District No. 267 Primary Registration District No. 5902

1. PLACE OF DEATH: Premises
(a) County Rural - Hayti
(b) City or town Hayti
(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 _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Percy Sylaby
3. (b) If veteran, name war _____ 3. (c) Social security No. _____

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 3 (Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days _____ (Unless than one day) min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation Hayti, Mo.

18. (a) Signature of funeral director J. Smith
(b) Address Hayti, Mo.

19. (a) 12-12-1944 (b) J. C. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day _____ year 1944 M. _____
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
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) _____
(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?
While at work? _____ (Specify type of place) _____
(c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-41804 1944