

FILED MAR 27 1946

128

Primary Registration District No. 2000

Registrar's No. 215

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
KEARNEY AT PIERCE ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE
(c) City or town 2716 - N. ROBBERSON
(If outside city or town limits, write "RURAL")
(d) Street No. SPRINGFIELD
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARLEAN BYBEE

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

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased UNKNOWN 1921
(Month) (Day) (Year)

8. AGE: Years 25 Months UNK. Days UNK. If less than one day hr. 5 min.

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

10. Usual occupation GARAGE WORKER

11. Industry or business _____

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

16. (a) Informant DR. MURRAY STONE
(b) Address Spfd., Mo.

17. (a) BURIAL (b) Date thereof 3-6-46
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.V. Smith
(b) Address 702 - N. Jefferson Spfd., Mo.

19. (a) 3-6-46 (b) H.V. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
year 1946 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from No Physician in attendance 19 1946 to 1946;
that I last saw him alive on _____, 19 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental burns

Due to Automobile overturned and caught fire

Due to Collision with another car

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 170° 20'
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 133
(b) Date of occurrence March 3 1946
(c) Where did injury occur? Springfield, Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 66

(Specify type of place)
23. Signature Minny C. Stone (M. D. or other)
Address Springfield, Mo. Date signed 3-4-46

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.

X