

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28549**
Registrar's No. **273**

FILED SEP 10 1947

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **three weeks**
(Specify whether years, months or days) **7 months**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia Warren**
(If outside city or town limits, write "RURAL")
(d) Street No. **1401 South Warren**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Bennett Monroe Bybee**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **538-03-**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Dora Kays Bybee**
6. (c) Age of husband or wife if alive **unknown**
7. Birth date of deceased **July 26, 1889**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **7**
year **1947** hour **10:00** minute **P.M.**
21. I hereby certify that I attended the deceased from **7-19-47**, 19 **47**, to **8-7**, 19 **47**
that I last saw him alive on **8-7**, 19 **47**
and that death occurred on the date and hour stated above.

8. AGE: Years **58** Months **10** Days **11**
If less than one day hr. min.

Immediate cause of death **Ac. Glomerulo-nephritis**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace **Warsaw, Benton County, Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Teacher, laborer**
11. Industry or business
12. Name **George W. Bybee**
13. Birthplace **Moniteau County, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Delilah White**
15. Birthplace **Benton County, Mo.**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Charles Bybee (brother)**
(b) Address **Route 4, Sedalia, Mo.**
17. (a) **Burial** (b) Date thereof **8/10/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bethel Cemetery**
Benton County, Mo.
18. (a) Signature of funeral director **Annie Ewing**
(b) Address **Sedalia, Mo.**
19. (a) **9/9/47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)
2510 (Licensed Embalmer's Statement on Reverse Side)

23. Signature **J. P. Roger** (M. D. or other)
Sedalia Mo Date signed **9-9-47**

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

80
6
4
0

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

Dr. J.F. Boger

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 9-9-47

120w 51a

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 *Mary Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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, fact should be so stated above.