7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44286

State File No.

Registration District No. 138 | Primary Registration District No. 5522 | Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Hickory
(b) City or town: Cross Timbers (Rural) (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 years, months or days) In this community: all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Hickory
(c) City or town: Cross Timbers (Rural) (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: Bower Bybee
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: M
5. Color or race: W
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: 3 (Month) - 10 (Day) - 1877 (Year)
8. AGE: Years 70 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.
9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business ____
MOTHER FATHER
12. Name: unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant: Lizzie Smith
(b) Address: Kreston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 (Month) 1 (Day) 47 (Year)
(c) Place: burial or cremation: Fisher Cemetery
18. (a) Signature of funeral director: Gilbert Hathaway
(b) Address: Wheatland Mo
19. (a) Jan 13-1948 (Date received local registrar) (b) W. D. Hargiss (Registrar's signature) 121

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1947 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from Oct 10, 1947, to Nov 28, 1947, that I last saw him alive on Nov 27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Heart — Duration: 3 wks
Due to: ____
Due to: Renal Hypertension — Duration: 3 mo
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) (e) Means of injury ____
23. Signature: G. Gloss (M. D. or other) MD
Address: Ozona Mo Date signed 1-7-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 12-47-3063
Date Filed 1-21-48

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 F. B. Obernathy, Registered Apprentice No. 419, working under my personal supervision.

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.