

No. 300
-10-47
-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 11 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

36422
State File No. _____
Registrar's No. 4846

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4846

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RESEARCH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 days
(Specify whether years, months or days) 48 days

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

3: (a) PRINT FULL NAME SHARON ROSE BYBEE
3. (b) If veteran, name war. no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Nov day 26
year 1948 hour 6 minute 25 P. M.
21. I hereby certify that I attended the deceased from 10/8/48
19 to 11/26/48 19;
that I last saw her alive on 11/26/48 19;
and that death occurred on the date and hour stated above.

4. Sex Female
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 OCT 2 1944
(Month) (Day) (Year)

Immediate cause of death
Acute lymphocytic leukemia 3rd
Duration _____

8. AGE: Years Months Days If less than one day
4 1 24 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 5 months of death) _____

9. Birthplace BENTON MO
(City, town, or county) (State or foreign country)
10. Usual occupation Baby

Major findings: 742
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name SHELLEY BYBEE
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name GLADYS WOORLEY
15. Birthplace 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?
John W. Walker
While at work? _____
(Specify type of place) (e) Means of injury _____
Signature John W. Walker (M. D. or other) _____
Address Kansas City, Mo. Date signed 11/26/48

16. (a) Informant SHELLEY BYBEE
(b) Address WARSAW MO.
17. (a) Removal (b) Date thereof 11/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WARSAW MO.
18. (a) Signature of funeral director John F. Reas
(b) Address Warsaw, Mo.
19. (a) 11-27-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 John F. Biser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.