

FILED MAY 20 1942

Registration District No.

Primary Registration District No. 4335

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town California Tenn.
(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 50 year
years, months or days

3. (a) PRINT FULL NAME Luelle Bybee

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Apr 26 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>11</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. C. Dixon

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

14. Maiden name Francis Wilster

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

16. (a) Informant Elyzer Bybee
(b) Address California Mo

17. (a) Burial (b) Date thereof 4/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Creek

18. (a) Signature of funeral director W. Williams & Friedman
(b) Address California Mo

19. (a) 4-16-42 (b) Mrs. James Park
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monticau

(c) City or town California Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 1942 hour 7 minute 15 P M.

21. I hereby certify that I attended the deceased from 8-29-1941 to 4-14-1942
that I last saw him alive on 4-12-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____
Chronic valvular heart trouble

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy no

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 H.R. Poplar (M. D. or other) _____
Address California Mo Date signed 4-16-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Hugh E. Williams*
Licensed Embalmer No..... *3537*
P.O. Address..... *California MI*

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.