

JUL 13 1945

Registration District No. 224

Primary Registration District No. 3046

1. PLACE OF DEATH:

(a) County: Moniteau Co.
(b) City or town: California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Luther Bybee

3. (b) If veteran, name war No 3. (c) Social Security No. 495.05.8764

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased Aug 4 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 18 hr. min.

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

10. Usual occupation M.F.A. oil station

11. Industry or business _____

12. Name Wm Bybee

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

14. Maiden name Mary E. Sappington

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

16. (a) Informant Grace Allen

(b) Address California Mo

17. (a) Burial (b) Date thereof June 22 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sappington Cem.,
Bowlin Funeral Home

18. (a) Signature of funeral director California, Mo.

(b) Address _____
19. (a) 6-21-46 (b) A. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1945 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 11
1945 to June 20 1945
that I last saw him alive on June 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Intestinal obstruction
following appendectomy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Acute Appendicitis

Of autopsy _____

Duration

4 days

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 Kenneth Latham (M. D. or other) _____
Address California, Mo Date signed 5-20-45

FEB 3 - 1948

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

7-12-45

NOV 19 1945

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 7712

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl R. Boudin

Licensed Embalmer No.

2126

P. O. Address

California 770

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.