

MAY 15 1940 31
Registration District No. 31

Primary Registration District No. 6093

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Emden
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 7
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME James W. Babb 100
8. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary E. Babb 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Jan 24 - 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER
12. Name Abraham Babb
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Shaw
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. B. Babb
(b) Address Emden, Mo

17. (a) _____ (b) Date thereof April 21 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Emden, Mo

18. (a) Signature of funeral director B. M. Allen

(b) Address Philadelphia Missouri

19. (a) Apr 20 1940 Pearl Goe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby
(c) City or town Emden
(If outside city or town limits, write "RURAL")
(d) Street No. Rural near Emden
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 19th year 1940 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug 26, 1939 to Apr - 19, 1940
that I last saw him alive on Apr 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration ?
Due to Arteriosclerosis with hypertension 7
Due to _____ 1

Other conditions (include pregnancy within 3 months of death) HAC

Major findings: None Of operations _____
Of autopsy None

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? 748

(Specify type of place) _____ (e) Means of injury _____

23. Signature P. C. Weher (M. D. number) _____
Address Shelbiville Date signed 4-20-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10 10 28

District File Number ~~5-40-10-1030~~

Date Filed MAY 14 1900

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 *B M Guller*.....

Licensed Embalmer No. *2424*.....

P. O. Address *Philadelphia*.....

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, above space should be left blank.