

FILED JUL 9 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21066

Do not use this space.

## 1. PLACE OF DEATH

(a) County Atchison 2 Registration District No. 30  
 (b) Township Tarkio 0 Primary Registration District No. 4014 Registered No. \_\_\_\_\_  
 (c) City Tarkio Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

100 Anna Margaret Babb  
 (a) Residence, No. Tarkio Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles A. Babb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 22, 1869</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>10</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>###</u>	
	10. Date deceased last worked at this occupation (month and year) <u>##</u>	11. Total time (years) spent in this occupation <u>##</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hillsour</u> <u>Indiana</u>	1	
FATHER	13. NAME <u>Isaac Williams</u>	1
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	1
MOTHER	15. MAIDEN NAME <u>Elizabeth Donalson</u>	1
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Mrs Elsie Bachman</u> <u>Tarkio, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home Cem Tarkio</u> DATE <u>Jan 28, 1940</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>J. H. Bennett</u> <u>Tarkio, Mo.</u>		
20. FILED <u>Jan 27 19 40</u> <u>One hour</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1940

22. I HEREBY CERTIFY That I attended deceased from Febr. 25, 1939 to January 25, 1940  
 I last saw her alive on Jan 24, 1940 Death is said to have occurred on the date stated above, at 10.45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of right Breast Date of onset 1936  
50

Other contributory causes of importance:  
General metastasis

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Charles E. Beuhman, M. D.  
 (Address) Tarkio, Mo

17

RECEIVED

District Health Officer No. 11,

District File Number 740-969

Date Filed JUL 1 1940

STATEMENT BY LICENSED EMBALMER

I, W.S. Cummins Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W.S. Cummins

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed W.S. Cummins  
Licensed Embalmer No. 3381

**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.)**