

DEPARTMENT OF COMMERCE

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27725

State File No.

Registration District No. 29.

Primary Registration District No. 4021.

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community Most of life
years, months or days)

3. (a) PRINT FULL NAME Ella Jane Babb3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife M.B. Babb 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased Dec. 20th 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 4 2 hr. min.9. Birthplace Trenton Missouri (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Lem Smith13. Birthplace Missouri (City, town, or county) (State or foreign country)14. Maiden name Jane Ashby15. Birthplace Missouri (City, town, or county) (State or foreign country)16. (a) Informant M. B. Babb(b) Address Cassville, Missouri17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24-41
(Month) (Day) (Year)(c) Place: burial or cremation Oak Hill18. (a) Signature of funeral director Horine & Culver(b) Address Cassville, Missouri19. (a) April 30, 1941 (b) Geo. W. Newman, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1941 hour 12.15 minute P. M.21. I hereby certify that I attended the deceased from April 22nd
1941, to April 22nd, 1941,
that I last saw her alive on April 22nd, 1941,
and that death occurred on the date and hour stated above.Immediate cause of death Hemiplegia (acute)
ruptured blood vessel in brainDue to ruptured blood vessel in brain

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 James L. Jackson (M. D. or other)Address Cassville, Mo. Date signed 5-2-41

RECEIVED

District Health Officer No. 6,

District File Number 941-1507

Date Filed SEP 15 1941

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

R. Gordon Bennett

Registered Apprentice No. 250

working under my personal supervision.

Signed

R. Gordon Bennett

Licensed Embalmer No. 1414

P. O. Address Cassville N.C.

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.