

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1942

Registration District No.

Primary Registration District No. 4585 6091

Registrar's No. 34

1. PLACE OF DEATH:

- (a) County Shelby
(b) City or town Emaden S. of P. R. R. E. & W. R. R.
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community, years, months or days)

3. (a) PRINT FULL NAME Mary E. Babb.

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

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

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

7. Birth date of deceased 6 19 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Goodwin

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

14. Maiden name Dubreth

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

16. (a) Informant M. E. Babb

(b) Address Emaden Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Emaden cemetery

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

(b) Address Philadelphia, Missouri

19. (a) March 14, 1942 (Date received local registrar) (b) W. H. G. Gosh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Shelby '02
(c) City or town Emaden (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1942 hour. minute. M.

21. I hereby certify that I attended the deceased from Oct 30 1940, to March 10 1942 that I last saw her alive on Jan 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration

Due to.

Due to.

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

Major findings: Of operations.

Of autopsy.

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 R. C. Oraker (M. D. or other) Address Shelbyville Mo. Date signed 3-12-42

Miss Madge Ingham
Shelburn, Mo.

RECEIVED

District Health Officer No. 10

District File Number 4-42-873

Date Filed APR 24 1942

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. Allison, M.

Licensed Embalmer No. 2437

P. O. Address Phillips, Mo.

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.