S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2278

State File No.

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 210

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 610 W. Grandriver (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 610 W. Grandriver (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MAGGIE ELLEN 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 William S.
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June 25 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	6	4	hr. min.

9. Birthplace Lineville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Geo. Bills
13. Birthplace unknown (City, town, or county) (State or foreign country) ?
MOTHER 14. Maiden name Delilah ?
15. Birthplace unknown (City, town, or county) (State or foreign country) ?
16. (a) Informant Mrs Earle Lilliston
(b) Address Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cemetery
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) January 1 1945 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 44 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from 6-13, 1944 to 12-29, 1944
that I last saw h— alive on —, 19—;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 48 hours
Due to Hypertension
Arthromia
Due to Obesity

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. C. Peelor (M. D. or other)
Address Clinton Mo Date signed 1/1/45

1017

(Licensed Embalmer's Statement on Reverse Side)

1-45-86
2-8-45

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 G L Wilkinson

Licensed Embalmer No. 4376

P. O. Address Clinton 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.