

FILED MAY 11 1945

Registration District No. 339

Primary Registration District No. 6141

State File No.

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Emden Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

SN A LEE 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 Married

6. (b) Name of husband or wife Richard Babb

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb - 9 - 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>2</u>	<u>21</u>	<u>hr. min.</u>

9. Birthplace

Marion Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name James Wm Watkins
13. Birthplace Ky
14. Maiden name Anna Belle Chamberlain
15. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

Richard A. Babb

(b) Address

Emden Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

May 3 - 1945
(Month) (Year) (Year)

(c) Place: burial or cremation

Emden Cemetery

18. (a) Signature of funeral director

E. P. Thompson

(b) Address

Shelby Mo.

19. (a)

May 8 - 45
(Date received local registrar)

(b)

Madge Goodrich
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby
(c) City or town Emden Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1945 hour 7:15 minute M.

21. I hereby certify that I attended the deceased from Oct 25
1943 to May 1 1945
that I last saw her alive on Apr 22 1945
and that death occurred on the date and hour stated above
Immediate cause of death Cancer of spine
Duration

Due to

Metastasis from Cancer of cervix about 6 months of operation
was treated at Ellis Pugh Hosp Columbia with X-rays

Major findings:

Of operations No operation
Of autopsy No 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
Where did injury occur?
(c) (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)

(c) Means of injury

23. Signature

H. J. McVerry (M. D. or other)

Address

Shelby Mo. Date signed May 7 - 45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-45-1753

Date Filed MAY 9 1945

1945

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.....

Myself, Registered Apprentice No.....
working under my personal supervision.

Signed *E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address *Shelbyville, 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.