

S. No. 2
DM-8-43
v. 5-17-39
P. I. X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1945

State File No. 27241

Registration District No. 49

Primary Registration District No. 4168

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County De Kalb

(b) City or town Maysville mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE OPHIA BABBITT

3. (b) If veteran, name war no

3. (c) Social Security No. ✓

4. Sex male

5. Color or race caucasite

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Oliver Babbitt

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct 28 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>8</u>	<u>8</u>	hr. min.

9. Birthplace Versailles Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name L. L. Babbitt

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

14. Maiden name Mary Ann Petty

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

16. (a) Informant Mrs. Emmitt Berry

(b) Address Maysville mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7-8-45
(Month) (Day) (Year)

(c) Place: burial or cremation Plaza of Grace

18. (a) Signature of funeral director John Brown

(b) Address Maysville mo

19. (a) July 10 1945
(Date received local registrar)

John Clarke
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County De Kalb

(c) City or town Maysville
(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 July day 6
year 1945 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 26 1945 to July 10 1945

that I last saw h. i. n. i. alive on July 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 11 days

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: gms

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. Harold Fowler
Address Maysville Mo Date signed 7-6-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.