

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3750**

Registration District No. **291** Primary Registration District No. **44.33** Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Unionville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Monrow Hospital & Clinic**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Twenty nine years** (Specify whether years, months or days)
In this community **Twenty nine years**

3. (a) PRINT FULL NAME **Neita Faye Babbitt**

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 **Bamford Babbitt** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **9 13 1915**
(Month) (Day) (Year)

8. AGE: Years **30** Months **2** Days **23** If less than one day
hr. min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **George Hoyt**

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

14. Maiden name **Mary Carter**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Bamford Babbitt**

(b) Address **Worthington, Mo.**

17. (a) **Bural** (b) Date thereof **12 8 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Unionville Cem**

(d) Signature of funeral director **Husted & Son**

(e) Address **Unionville Mo.**

19. (a) **12-15-45** (b) **Marvell Durham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **5** year **1945** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov. 16**, 19**45**, to **Dec 4**, 19**45**; that I last saw her alive on **Dec. 4**, 19**45**; and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza pneumonia, Double lobar type**

Due to

Due to

Other conditions **Sing perforation and emphysema**
(Include pregnancy within 6 months of death)

Major findings: **100**

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 **S. W. McDonald** (M. D. or other) **Dr**

Address **Unionville, Mo.** Date signed **12-7-45**

266

(Licensed Embalmer's Statement on Reverse Side)

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

100761

RECEIVED

District Health Officer No. 10

District File Number 1-46-132

Date Filed JAN 24 1946

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

Mur E. Hinkley

Licensed Embalmer No.

3304

P. O. Address

Mur E. Hinkley

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.