

FILED JUL 15 1946

Registration District No. 341

Primary Registration District No. 6152A

State File No.

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Essex *Liberty*
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Myrtle 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 Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 16, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Bloomfield, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name John Anderson Snider

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

14. Maiden name Mattie Wright

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

16. (a) Informant Clyde Babb

(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof June 5, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 7/2-1946 (b) Margaret Pruitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 2 minute 45P M.

21. I hereby certify that I attended the deceased from MAY 31 1946, to JUNE 2 1946,
that I last saw her alive on JUNE 2 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death OBSTRUCTION TO BOWEL
CARCINOMA OF LOWER BOWEL (SIGMOID COLON) *4 DAYS*
Due to _____ *2 YRS.*

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?
_____ (Specify type of place)

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

23. Signature L. L. Harold & P. Co. (For or other) D. Co.

Address Lebanon, Mo. Date signed 6/29/46

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

21312

RECEIVED

District Health Office No. 2

District File Number 746-811

Date Filed 7-9-46

AUG 1 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.....

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

Signed *Lyman Steele*

Licensed Embalmer No. 2476

P. O. Address *Walter Mc*

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.