S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 36587

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2294

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Sept 7th 1947 (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 30
(c) City or town: Buffalo, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Nancy Harriet Babbitt
3. (b) If veteran, name war: 0
3. (c) Social Security No.:

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Richard
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 29 (Day) 1874 (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day: hr. min.

9. Birthplace: Princeton, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: William Guertner
13. Birthplace: Princeton, Missouri (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Martha Overton
15. Birthplace: Princeton, Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Mary M. Keller
(b) Address: 2623 Roseland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-3-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Sedalia, Missouri
18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester Rd.
19. (a) 11-3-47 (Date received local registrar) (b) Cecil J. Hoff M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 31st year: 1947 hour: 3 minute: 45 P.M.
21. I hereby certify that I attended the deceased from: October 23rd, 1947, to: Oct 31st, 1947, that I last saw her alive on: Oct 30th, 1947, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | |
| Due to: 93d | |
| Due to: | |
| Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: 0
23. Signature: R. H. Jansen (M. D.)
Address: Manchester Mo Date signed: 10/31/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

## 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. H E Burgess

Licensed Embalmer No. 4029

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.**