FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948
Registration District No. 100

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4416
Primary Registration District No. 3018
Registrar's No. 13

1. PLACE OF DEATH:
(a) County DENT
(b) City or town SALEM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(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 DENT
(c) City or town SALEM
(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

3. (a) PRINT FULL NAME TENNESSEE ANN BABB
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife LYMAN W. BABB
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT (Month) 15 (Day) 1860 (Year)

8. AGE: Years 87 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace WRIGHT Co. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
MOTHER / FATHER
12. Name JOEL TIPTON
13. Birthplace (City, town, or county) TENNESSEE (State or foreign country)
14. Maiden name ESTHER THURMAN
15. Birthplace (City, town, or county) TENNESSEE (State or foreign country)
16. (a) Informant John Babb
(b) Address SALEM, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation STAGNER CEM.
18. (a) Signature of funeral director Carl T. Spence
(b) Address SALEM, MO.
19. (a) 2-7-1948 (Date received local registrar) (b) M. M. Hart, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23
year 1948 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from Jan. 2 '48 to Jan 23 '48
that I last saw h... alive on Jan 23 '48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	unknown
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 93 D	
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

23. Signature L. F. Hunt M.D. (M. D. or other)
Address Salem Mo. Date signed 1/26/48

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

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

RECEIVED
District ... Officer No. 8,
District File 348113
Date Filed 2-16-28

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.