

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22636

State File No. _____

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(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 1 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

(c) City or town Boonville
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MICHAEL-WAYNE-BABBITT

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1948 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from June 6 1948 to July 4 1948
that I last saw him alive on June 20 1948
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 6-1948
(Month) (Day) (Year)

Immediate cause of death
Suffocation in crib from bedding

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none 182

Of autopsy none 16

8. AGE: Years ✓ Months ✓ Days 27 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name of father Charles William Babbitt

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

14. Maiden name Grace Louise Hays

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

16. (a) Informant S. J. Babbitt

(b) Address Pilot Grove, Mo

17. (a) burial (b) Date thereof 7-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Hays & Jones

18. (a) Signature of funeral director Hays & Jones

(b) Address Pilot Grove, Mo

19. (a) 7-7-48 (b) W. H. Hooker
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence July 4, 1948

(c) Where did injury occur? Boonville Cooper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? sleep (Specify type of place) (e) Means of injury 0

23. Signature J. C. Beckett MD
Address Boonville Mo Date signed 7-4-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-22-48

STATEMENT BY LICENSED EMBALMER

myself

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 *Leighton E. Mayo*

Licensed Embalmer No. 3074

P. O. Address *First Grove M*

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.