

28554

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

SEP 12 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 168

Registration District No. 73

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CLARA LOUISE BABB

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 9-16-1874
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Hunterville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOYER FATHER { 12. Name Sylvester Allen Beauchamp
13. Birthplace Bardstown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Jemama Jane Island
15. Birthplace Bardstown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Virginia Babb Jeffers
(b) Address 411 So. 6th St.

17. (a) Burial (b) Date thereof 8-17-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director M. N. Whitworth
(b) Address Columbia, Mo.

19. (a) 8/16/39 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 411 So. 6th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1939 hour 8:15 minute 5 A.M.

21. I hereby certify that I attended the deceased from Aug 14, 1939, to Aug 14, 1939; that I last saw him alive on Aug 14, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of brain and cerebral hemorrhage (probable) Duration 2 hrs.
Due to Fell down the present stairs

Due to _____
Other conditions (include pregnancy within 5 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) Accident
(b) Date of occurrence Aug 14, 1939
(c) Where did injury occur? Columbia Boone Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Basement of home
(Specify type of place) (b) Means of injury _____

While at work? _____

23. Signature E. J. Baskett (M. D. certifying) Date signed 8/16/39
Address Columbia Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Rev. 6-17-39

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

M. W. Philbrick

Licensed Embalmer No.

3893

P. O. Address

Columbia 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, above space should be left blank.