

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 21

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

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington
(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 years, months or days)

3. (a) PRINT FULL NAME THERESA K. Babs
 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 Fred Babs 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 16 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Doer Run MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER
 12. Name Joseph Zimmer
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Keeling
 15. Birthplace Doer Run MO
(City, town, or county) (State or foreign country)

16. (a) Informant John Babs
 (b) Address Farmington MO

17. (a) Burial (b) Date thereof May 7 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. P. Cem. Farmington MO

18. (a) Signature of funeral director Mathew Funeral Home

(b) Address Farmington MO

19. (a) 5/10/45 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Farmington 94
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
 year 1945 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 7 1944 to 5-4-45 1945
 that I last saw him alive on 5-4-45 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach 14yr.
 Duration _____

Due to _____

Due to _____

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

Major findings: HLK
 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)

(e) Means of injury _____

23. Signature Geo. R. Watkins (M. D. or other) _____

Address Farmington MO Date signed 5-10-45

RECEIVED

District Health Officer No. 4

District File Number 645-711

Date Filed 6-7-45

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 Paul J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.