

FILED APR 2 1947

Registration District No. 288

Primary Registration District No. 5906

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pemissott

(b) City or town Wardell (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Name
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 3 yrs (Specify whether years, months or days)

In this community about 3 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemissott

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

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

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

3. (a) PRINT FULL NAME Simpson Babo.

3. (b) If veteran, name war World War I

3. (c) Social Security No. _____

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years about 50 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Sherman Creech

(b) Address Wardell Mo.

17. (a) Burial (b) Date thereof 1-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, Mo.

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

(b) Address Wardell, Mo.

19. (a) 3-31-47 (b) Mrs. H. Sweet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2 year 1947 hour 5:00 minute at M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Don't know possibly heart trouble and high blood pressure as history given by people

Due to where he lived

Due to _____

Other conditions (include pregnancy within 3 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) _____

(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? _____

While at work? no (Specify type of place) (e) Means of injury 3

23. Signature Justally Brown (M.D. or other)

Address Hayt. Mo. Date signed 1-3-47

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

4-47-121

JUL 25 1947

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.....

Licensed Embalmer No.....

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.