

DEC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9743
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1208
 (c) City Kansas City (d) Street No. St. Marie's Hospital St.
 (If death occurred in Hospital or Institution, give its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Helen Jane Babor 600 Salisbury, Mo. St. Salisbury, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 3 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Henry Babor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Waisy Blackwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Chas Blackwell
Salisbury

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salisbury, Mo 3/19/38

19. FUNERAL DIRECTOR (ADDRESS) Geo J. Winkelman
Salisbury, Mo

20. FILED March 17, 1938 M. M. Osborne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938, to March 17, 1938

I last saw her alive on March 17, 1938. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Respiratory pneumonia and
edema of left ventricle

Date of onset

2-17-38

Other contributory causes of importance:

Post-mortem embolism

5 mo
70

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical - x-rays Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

Also, specify _____

(Signed) B. Laidin Ellis, M. D.

(Address) 1636 Professional Bldg.

STATEMENT BY LICENSED EMBALMER

I, Geo B Winckler, Licensed Embalmer No. 2125
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Geo B Winckler
Licensed Embalmer No. 2125

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.)