

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1938

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

14124
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan
 (b) Township Bloomington
 (c) City _____ (d) Street No. Route # 1 De Kalb St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME William B. Babb
 (a) Residence, No. Route # 1 De Kalb, Buchanan County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Babb		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1868		
7. AGE YEARS 69	MONTHS 6	DAYS 20
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer		
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) Yates Center Kansas		
13. NAME William H. Babb		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown		
17. INFORMANT Louis F. Babb (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE April 20, 1938		
19. FUNERAL DIRECTOR Clark Mortuary (ADDRESS) 8025 King Hill Ave., St. Joseph, Mo.		
20. FILED <u>5/4</u> 1938 <u>J. W. M. Adow</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 18, 1938**

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1938 to April 18 1938
 I last saw him alive on April 17 1938. Death is said to have occurred on the date stated above, at 9:05 A. m.
 The principal cause of death and related causes of importance were as follows:
myocardial insufficiency
 Other contributory causes of importance:
Fracture pelvis (pubic) 3-12-38
 Date of onset? 7 months

Name of operation none Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 3-12, 1938
 Where did injury occur? Buchanan County, Missouri
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
public highway
 Manner of injury automobile collision
 Nature of injury fracture of pelvis

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Ch. Grant M.D. M. D.
 (Address) 6287 King Hill Ave St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl A. Clark

L. E.
No. 3476 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 3476

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply the above constitutes grounds for revocation of license.)