

AUG 7 1939

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

24854  
Do not use this space.

1. PLACE OF DEATH *Jackson*  
(a) County *Jackson* Registration District No. *399*  
(b) Township *Jaw* Primary Registration District No. *100* Registered No. *3067*  
(c) City *Kansas City* (d) Street No. *3138 Jefferson* 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME *160 Daniel Jr. Babb*  
(a) Residence, No. *3138 Jefferson* 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 OF RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nov 28-1879*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 28-1879*  
7. AGE YEARS *59* MONTHS *8* DAYS *7* If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookbinder, etc. *Retired*  
9. Industry or business in which work was done, as saw mill, bank, etc. *Plantation Mgr*  
10. Date deceased last worked at this occupation (month and year) *Retired* 11. Total time (years) spent in this occupation.  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*  
13. NAME *Daniel F. Babb*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *As Supply*  
15. MAIDEN NAME *Irene Whitaker*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*  
17. INFORMANT (ADDRESS) *Miss Stella G. Thompson*  
*3138 Jefferson*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marks* DATE *8/1/39*  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *J. F. O'Donnell*  
*3136 Broadway*  
20. FILED *7-31-39* *m. m. Craue*  
*Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30 1939*  
22. I HEREBY CERTIFY That I attended deceased from *March 15, 1938* to *July 30, 1939*  
I last saw him alive on *July 29, 1939* Death is said to have occurred on the date stated above, at *10:00 AM*  
The principal cause of death and related causes of importance were as follows:  
*Coronary occlusion*  
*131*  
Other contributory causes of importance:  
*Cardiovascular*  
*chronic hypertension*  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Physian* Was there an autopsy? *no*  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) *W.C. Lanley* M.D.  
(Address) *1014 Angell Bldg.*

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.

*Mr. J. C. ...*  
*...*

**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, above space should be left blank.**