

1939 OCT 1 9 1939

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

32916
Do not use this space.

1. PLACE OF DEATH
(a) County Macon Registration District No. 527
(b) Township 1 Primary Registration District No. 5763
(c) City Bever Mo (d) Street No. 1142 St. Henry L. Babel
(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 Henry L. Babel
(a) Residence, No. 1142 St. Henry L. Babel
(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 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 Luella Babel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 - 1857
7. AGE YEARS 82 MONTHS 5 DAYS 21 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
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) Germany

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

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

17. INFORMANT Ella Smith (ADDRESS) Bever Mo #1

18. BURIAL, CREMATION, OR REMOVAL Next Oakwood PLACE DATE 9-9-39

19. FUNERAL DIRECTOR (NAME) W. E. Edwards (ADDRESS) Bever Mo

20. FILED Sept 14 1939 Edw. Simpson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1939, to Sept. 7, 1939
I last saw him alive on Sept 7, 1939. Death is said to have occurred on the date stated above, at 11:9 m.
The principal cause of death and related causes of importance were as follows:

Onocular Ventricular Fibrillation
121

Other contributory causes of importance:
Chronic myocarditis
Chronic Nephritis
arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? yes
If so, specify alcoholism
(Signed) Dr. E. W. L. L. L.
(Address) _____

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.

DEPARTMENT OF HEALTH
BUREAU OF HEALTH
HONOLULU, HAWAII

RECEIVED

District Health Officer No. 10

District File Number 10-39-1802

Date Filed OCT 11 1939

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.