

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

Registration District No. **796**

Primary Registration District No. **6039**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saline Co. Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Frederic Babbler III

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **M**

5. Color or race **wh**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **1869** years

7. Birth date of deceased **July 10**
(Month) (Day) (Year)

8. AGE: Years **70** Months **1** Days **10** If less than one day hr. min.

9. Birthplace **Saline Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

11. Industry or business

MOTHER FATHER {
12. Name **Mathias Babbler**
13. Birthplace **Don't know**
14. Maiden name **Augusta Gorman**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Grace Hasford**
(b) Address **Kansas City**

17. (a) **Buried** (b) Date thereof **9-6-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Saline Mo.**

18. (a) Signature of funeral director **Neil Brothers**
(b) Address **Saline Mo.**

19. (a) **9-8-39** (b) **John Kent**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline**
(c) City or town **Saline**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. **no** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: **Day 3** **Month Sept**
year **1939** hour **2:00** P.M. minute _____ M.

21. I hereby certify that I attended the deceased from **July 15**, 1939, to **Aug 24**, 1939, that I last saw him alive on **Aug 26**, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death **the Myocarditis** Duration **7**
Due to _____
Due to **121**

Other conditions (Include pregnancy within 3 months of death)
Cholera
Major findings: **Hypertension**
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? _____ (Specify type of place) (e) Means of injury _____

23. Signature **John Kent** (M. D. or other) **9/6/39**
Address **Marshall Mo.** Date signed **9/6/39**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/10/39

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.....

Edgar Moore

....., Registered Apprentice No. **230**

working under my personal supervision.

Signed.....

Sam M Hill

Licensed Embalmer No. **1292**

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.