JAN 12 1940

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

Do not use this space.

File No. 43105

Registered No. 162

1. PLACE OF DEATH

County Clay / Registration District No. 198

Township Fishingriver / Primary Registration District No. 2011

City Excelsior Springs, (No. , Veterans' Administration St. Ward)

2. FULL NAME Emil W. Babbert, C-No. 2, 238,534

(a) Residence, No. 2703 E. 27th St., St., Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-9-89

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Transport Operator

9. Industry or business in which work was done, as silk mill, 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) Palmer, Kansas /

FATHER

13. NAME Henry Babbert 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Caroline Schmidt

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

17. INFORMANT (ADDRESS) Vets. Admin. Fac. Excel. Springs,

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE Dec. 12 1939

19. UNDERTAKER (ADDRESS) Bentley Mortuary, K. C. Mo.

20. FILED Dec 12 1939 Mrs Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-7-39, 19, to 12-10-39, 19

I last saw him alive on 12-10-39, 19. Death is said to have occurred on the date stated above, at 12:25 a

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

	Date of onset
Cerebral hemorrhage	
Arteriosclerosis, generalized, marked.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) J. L. Desmond, M. D.

186 (Address) Veterans Adm. Facility Excelsior Springs Mo.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/11/40