

ED JAN 8 1941  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson  
(a) County  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K. C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. & 19 days  
(Specify whether years, months or days) In this community 1 Mo. & 19 Days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6833 E. 12th Terr.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME: Mary Helen Babiuch

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 1st  
year 1940 hour 12 minutes 10 A. M.

3. (b) If veteran, name war  3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from 10-12-40, 19, to 12-1-40, 19, that I last saw her alive on 12-1-40, 19, and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W. 6. (a) Single, widowed, married, divorced Infant

Immediate cause of death  
Bronchopneumonia

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive years

Due to Cellulitis of back

7. Birth date of deceased: October 12, 1940  
(Month) (Day) (Year)

Due to 10/7a

8. AGE: Years Months Days If less than one day  
-- 1 19 hr. min.

Other conditions  
(Include pregnancy within 3 months of death)

9. Birthplace: Kansas City, Mo.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations

10. Usual occupation Infant

Of autopsy  
See above

11. Industry or business

12. Name: Charles Hamby

13. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: Cecelia Frances Babiuch

15. Birthplace: Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Cecelia F. Babiuch

(b) Address: 6833 E. 12th Terr.

17. (a) Burial (b) Date thereof: Dec. 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: [Signature]

(b) Address: 28 West [Address]

19. (a) 12-3-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury

23. Signature: [Signature] (M. D. or other)  
Address: Med. Dir. K. C. Gen. Hospital Date signed: 12-3-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**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, fact should be so stated above.**