

4-13-40  
4-17-39  
I X23159

FEB 25 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1

1. PLACE OF DEATH: Adair  
(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1506 S. Osteopathy /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60vr. (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair /  
(c) City or town Kirksville 8  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 1506 S. Osteopathy (If rural, give location) U  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME George D. Babcock  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Flora M. Babcock  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased: Feb. 5 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation taylor retired

11. Industry or business unknown

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant A. D. Babcock

(b) Address Verrow Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1 - 10 - 40 (Month) (Day) (Year)  
(c) Place: burial or cremation Forrest Cent.

18. (a) Signature of funeral director Laura C. Riley

(b) Address Kirksville Mo.

19. (a) Jan. 13/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 8 year 1941 hour 11 minute 1 M.  
21. I hereby certify that I attended the deceased from Dec. 20, 1940, to JAN 8, 1941, that I last saw him alive on JAN 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia (bronchial) Duration 3 days

Due to \_\_\_\_\_  
Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

23. While at work? 3 (Specify type of place) (c) Means of injury 7  
Signature G. L. Martin (M. D. or other) D.D.  
Address Kirksville Date signed 1-12/41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-407

Date Filed FEB 19 1941

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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 Laura A. Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville

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.