S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED AUG 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24013

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2552

048
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1122 Prospect (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community 60 yrs. years, months or days) 1

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 1122 Prospect (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Earl H. Babcock

3. (b) If veteran, name war No

3. (c) Social Security X No. 440-15-99150

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Juldane P. Wilson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 3 (Month) 1 (Day) 1881 (Year)

8. AGE: Years 60 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business xx

FATHER
12. Name Albert Babcock
13. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Hattie Brandon
15. Birthplace No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ellis Babcock 1

(b) Address Shawnee, Kans.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/8/41 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill, K. C. Kans

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 7-7-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1941 hour minute 10 A.M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death) 93 B

Major findings: Of operations 93 B

Of autopsy Inspection

Duration

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, or farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury

23. Signature [signature] (M. D. or other) 3

Address K. C. Mo. Date signed

C

361 (Licensed Embalmer's Statement on Reverse Side)

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 John P. Shul

Licensed Embalmer No. 3625

P. O. Address Kansas City Mo

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.