

FILED FEB 18 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 5427

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Gentry Adams Inv.
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: 1 1/2 hospital or institution. Supr. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 38
(c) City or town 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE ALLEN BABER

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

4. Sex MD 5. Color or race W 5. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 2, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 10 hr. _____ min.

9. Birthplace Clinton County Mo. ()
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Randall A. Baber
13. Birthplace Clinton County Mo. ()
(City, town, or county) (State or foreign country)
14. Maiden name Sarah C. Everts
15. Birthplace Clinton County Mo. ()
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur E. Baber
(b) Address 1016 Sylvania St. - St. Joseph Mo.

17. (a) _____ (b) Date thereof Jan 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City, Mo.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City Mo

19. (a) 1/15/42 (b) Thomas M. 26th St. St. Joseph
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1942 hour 2:00 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1
_____ 1941 to Jan 13 1942

that I last saw her alive on Jan 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Brights Duration 1 yr
Disease

Other conditions (include pregnancy within 5 months of death) 131 P

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature J. M. Barber (M. D. or other) VI
Address Albany Date signed 1-14-42

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

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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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address..... *King 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.