

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1871

State File No. _____

Registration District No. 15459

Primary Registration District No. 40885225

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass Index 1.1.1
(b) City or town Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

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

3. (a) PRINT FULL NAME William Wiley Babylon

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucy Nance 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 18 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 27 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Emanuel Babylon

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

14. Maiden name Elizabeth Leman

15. Birthplace Bloomington Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W.W. Babylon

(b) Address Gunn City Mo.

17. (a) Burial (b) Date thereof 7/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville MO

18. (a) Signature of funeral director W. W. Babylon

(b) Address Pleasant Hill MO

19. (a) July 16/41 (b) W. W. Babylon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Cass

(c) City or town Gunn City MO.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from July 3 1941 to July 10 1941;
that I last saw him alive on July 8 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
hypertension
and chronic nephritis

Due to 131 L

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? _____

While at work? (Specify type of place) (Specify type of injury)

23. Signature W. W. Babylon (M. D. or other) July 11
Address Harrisonville MO Date signed July 11

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

1047

(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.....

By me July 10 / 1941, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3785*

P. O. Address..... *Pleasant Hill*

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.