

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5816

State File No. _____

Registrar's No. 15-3-

Registration District No. 12
FILED FEB 23 1943

Primary Registration District No. 7660-5134

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: R. R. # 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 6
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Babb

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27,
year 1943 hour 9 minute 30 p. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Babb

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

7. Birth date of deceased Jan. 29, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>28</u>	_____ hr. _____ min.

21. I hereby certify that I attended the deceased from May 3 1943 to Jan 27 1943
that I last saw her alive on Jan 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Graves

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

14. Maiden name Idora McDowell

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

Due to Generalized Carcinomatosis

Other conditions Emaciation
(Include pregnancy within 3 months of death)

16. (a) Informant Louis Babb

(b) Address 822 Parker St., St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) 1-36-43 (Date received local registrar) (b) Rose Hegarty (Registrar's signature)

Major findings: Of operations none

Of autopsy none

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 _____

23. Signature R. B. Grant (M. D. or other)

Address St. Joseph, Mo. Date signed 1-28-43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Earl Clark

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph*

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.