

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25792**

FILED AUG 5 1943 2 50

Primary Registration District No. **5964**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County **Platte**
(b) City or town **Parkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home 9 miles N.W. Parkville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **87 years** (Specify whether years, months or days)
In this community **87 years**

3. (a) PRINT FULL NAME **William Alfred Babcock**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Flasence Lucetta Babcock** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **April 14 1856**
(Month) (Day) (Year)

8. AGE: Years **87** Months **2** Days **26** If less than one day hr. min.

9. Birthplace **Waldron Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Grain & Stock**

12. Name **Charles Babcock**

13. Birthplace **don't know Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Pauline Moore**

15. Birthplace **don't know Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. E. Engleman**
(b) Address **Parkville Mo**

17. (a) **Burial** (b) Date thereof **July 12 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkville**

18. (a) Signature of funeral director **Leboud H. Francis**
(b) Address **Parkville Mo**

19. (a) **7-15-43** (b) **Mrs. Clay Shaffer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Platte**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **9 miles N.W.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**
year **1943** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **July 1**
1943 to **July 9 1943**

that I last saw him alive on **July 9**
and that death occurred on the date and hour stated above.

Immediate cause of death **peritonitis** Duration **48 hrs**

Due to **Strangulated Hernia**

Due to

Other conditions (Include pregnancy within 3 months of death) **12201**

Major findings: Of operations

Of autopsy

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 **Shuterwood** (M. D. or other)
Address **Parkville, Mo.** Date signed **7/14**

RECEIVED

District Health Officer No. Platts

District File Number 8-43-72

Date Filed 8-3-43

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, yes

....., Registered Apprentice No.
working under my personal supervision.

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.