S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40922

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 117

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution 5 day (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte 83

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

(d) Street No. 7 miles N.E. Parkville (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Josephine Babcock.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Claude E Babcock

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 19 (Month) 1897 (Day) (Year)

8. AGE: Years 47 Months 5 Days 14 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business Farmer

FATHER
12. Name Alango D Meyers
13. Birthplace Weston (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Josephine Cook
15. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Claude E. Babcock

(b) Address Parkville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8-44 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Platte City

18. (a) Signature of funeral director Leland L Francis

(b) Address Parkville Mo.

19. (a) Dec 19, 1944 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1944 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from Nov 26, 1944, to Dec 2, 1944 that I last saw her alive on ~~Nov~~ Dec 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to

Due to

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

Major findings: Of operations Gut resection - 8" Gangrenous ileum

Of autopsy

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

While at work? (e) Means of injury

23. Signature E B Hobbs (M. D. or other) MD

Address Smithville Mo Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side)

1221

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-4-45

L. H. Francis
Parkville Mo

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 Me.

, Registered Apprentice No.

working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3457

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.