

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24612

Registration District No. 280

Primary Registration District No. 6-964

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Platte County
(b) City or town Parkville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 33 years (years, months or days)

3. (a) PRINT FULL NAME Recher Babcock
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex female 5. Color or race white
6. (b) Name of husband or wife Oran Lyle Babcock
7. Birth date of deceased Oct. 14 (Month) 1912 (Day) (Year)

8. AGE: Years 33 Months 7 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation farm wife

11. Industry or business Farming

12. Name John Hughes

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

14. Maiden name Arnaldi A. Toon

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

16. (a) Informant Oran Lyle Babcock

(b) Address Parkville Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date of removal June 2 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation Hampton Cemetery

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

(b) Address Parkville (c) no

19. (a) 6-30-46 (Date received local registrar) (b) M. B. P. R. R. R. R. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Hampton 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 April day 30 year 1946 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from April 29 to April 30 1946
that I last saw him alive on April 29 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Due to Adenocarcinoma of Liver

Due to 468
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Adenocarcinoma of liver
Of operations _____
Of autopsy none

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 _____

23. Signature John P. R. R. R. (M. D. or other)
Address Hampton Mo. Date signed 5/3/46

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

Benjamin J. Lewin

Licensed Embalmer, No.

3440

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.