

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X3667

UNITED STATES DEPARTMENT OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **27001**
 Registrar's No. **3342**

FILED AUG 19 1946

Registration District No. _____ Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 mos. 9 days**
 (Specify whether
 In this community **unknown**
 years, months or days)

3. (a) PRINT FULL NAME **Fred A. Babcock**
3. (b) If veteran, name war **Spanisk Amer.** **3. (c) Social Security No.** **None**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Feb. 4 1883**
 (Month) (Day) (Year)

8. AGE: Years **63** Months **5** Days **29** If less than one day **28** hr. _____ min.

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

10. Usual occupation **Pensioner**

11. Industry or business _____

MOTHER FATHER

12. Name **Henry Babcock**

13. Birthplace **New York**
 (City, town, or county) (State or foreign country)

14. Maiden name **Susan Hubbard**

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

16. (a) Informant **Mr. Lew Babcock**

(b) Address **548 Main Street K.C. Mo.**

17. (a) Removal **(Burial, cremation, or removal)** **(b) Date thereof** **8-5-46**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary, K.C. Mo.**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **Kansas City, Missouri**

19. (a) 8-3-46 **(b) Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **548 Main** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2**
 year **1946** hour **10** minute **15** A.M.

21. I hereby certify that I attended the deceased from **May 24 1946** to **Aug. 2 1946**
 that I last saw him alive on **Aug. 2 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**

Due to _____
 Due to _____

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

Major findings: **108**
 Of operations _____

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 **Wm. W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp** **Date signed** **8-2-46**

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

25643

Blaine E. Wielert

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.....

Blaine E. Wielert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.