G. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 17 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34834

Primary Registration District No. 55-85

Registrar's No. 210

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: rural -- Madison township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 1, Carthage
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME: GLENN GEORGE BABCOCK
3. (b) If veteran, name war: none
3. (c) Social Security No.: 490-10-0944

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Blanche Babcock
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: March (Month) 14 (Day) 1909 (Year)

8. AGE: Years 38 | Months 6 | Days 14 | If less than one day ..... hr. 0 min.

9. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: employee
11. Industry or business: Smith Bros. Mfg. Co,
FATHER
12. Name: Frank Babcock
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Mrs. Glenn Babcock
(b) Address: Route 1, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri.
19. (a) Oct 1, 1947 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
year 1947 hour 3 minute 00 p. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary occlusion / hrs.

Due to: Man expired expired just

Due to: before I arrived.

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

Major findings:
Of operations: 9412
Of autopsy:

PHYSICIAN
Underline the cause of 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: 0

23. Signature: H. E. Byrd (M. D. or other)
Address: Carthage Mo Date signed: 9-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-9-791

MAR 16 1948

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.....Frank W. Knell Jr

Licensed Embalmer No.....4440

P. O. Address.....Carthage

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.