

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson

(a) County _____

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

(c) Name of hospital or institution:
2313 East 30
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Babcock

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Albert Babcock 6. (c) Age of husband or wife if alive 18 5/9 years

7. Birth date of deceased March 3, (Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

10. Usual occupation At Home

11. Industry or business _____

12. Name No Record

13. Birthplace No Record (City, town, or county) (State or foreign country) 9

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. W. A. Richardson
(b) Address 2313 East 30

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cem.

18. (a) Signature of funeral director Quirk & Tobin Co.
(b) Address 55 E. 7th

19. (a) Dec 29, 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 2313 East 30 (If rural, give location)

(e) If foreign born, how long in U. S. A. 60 / 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 6, 1940, to Dec 28, 1941, that I last saw her alive on Dec 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death

Legibility
Chronic Myocardial disease
Diabetes
Hemorrhoids

Due to _____

Due to 61

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

Major findings: _____
Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

While at work? _____

23. Signature Robert Jansen (M. D. or other) M.D.
Address 2220 E. 81st. Date signed Dec 29, 1941

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

48
3
8

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

John J. Conway, Registered Apprentice No. 307
working under my personal supervision.

Signed Charles M. Turk

Licensed Embalmer No. 3634

P. O. Address KC, 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.