

FILED JAN 18 1943

Registration District No. 66-87

Primary Registration District No. 30-72-3071

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Homer Elbert Babler

3. (b) If veteran, name war no

3. (c) Social Security No. 487-10-5028

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Estelle Babler

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January 30 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

37	11	0	hr. min.
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9. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Switchman

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad Babler

18. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Hill

15. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Estelle Babler

(b) Address Slater, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1--1-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director Hill Brothers

(b) Address Slater, Mo.

19. (a) 12-31-42 (Date received local registrar)

(b) Mrs. John Giger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from held inquest Dec. 30, 1942

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Chest crushed & helve over engine of Caboose in Blatter R.R. Yard,

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 16 1/2

Major findings: Of operations _____

Of autopsy fractured - 3

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) Accident 971

(b) Date of occurrence Dec. 30, 1942

(c) Where did injury occur? Slater Saline Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
alter R. R. Yard Slater, Mo

While at work? yes (Specify type of place) (e) Means of injury caboose

23. Signature H. Hillers (M. D. or other)

Address Mass Hall Mo Date signed 12-30-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District Health Officer No. 8,

1-15-43

APR 1 1943

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..... *P. C. Hill*

Licensed Embalmer No. ~~1000~~ 3090

P. O. Address Slater, 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, above space should be left blank.