V. S. No. 2
00M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37[illegible]

FILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4721

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Conley Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1109 E. Armour
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lydia Lucile Babylon

3. (b) If veteran, name war no

3. (c) Social Security No. 496-03-3226

4. Sex F

5. Color or race W

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 April (Month) 17 (Day) 1913 (Year)

8. AGE: Years 30 Months 6 Days 1921 If less than one day hr. min.

9. Birthplace Harrisonville (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Office work

11. Industry or business

FATHER
12. Name Warren T. Babylon
13. Birthplace Clinton (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Minnie E. Fellback
15. Birthplace Harrisonville (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Ethel Babylon

(b) Address Pleasant Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 17-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Pitts Chapel

18. (a) Signature of funeral director A. W. Brownfield

(b) Address Pleasant Hill Mo

19. (a) 11-8-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1943 hour 6 minute 50 P M.

21. I hereby certify that I attended the deceased from Nov 1, 1943, to Nov 8, 1943; that I last saw her alive on Nov 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis — Duration 48 hrs.

Due to Partial Intestinal obstruction 7 hrs.

Due to Post operative adhesions 8 years

Other conditions (Include pregnancy within 3 months of death) (Pelvic Surgery)

Major findings:
Of operations Abdominal adhesions

Of autopsy

129

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)

While at work (e) Means of injury

23. Signature John G Henery (M. D. or other) DO

Address 2105 Independence Ave Date signed 11-8-43

(Licensed Embalmer's Statement on Reverse Side) K. C. Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.