S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1947

Registration District No. 157

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5583

State File No. 38707

Registrar's No. 249

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Golden City Rural Lincoln Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Golden City Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. south Golden City 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IRVING ROBERT BAWBELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Henrietta Bawbell

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 23 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 1 If less than one day hr. min.

9. Birthplace La Fayette (City, town, or county) Ohio (State or foreign country) /

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert G. Bawbell
13. Birthplace Rochester (City, town, or county) N.Y. (State or foreign country) /

MOTHER
14. Maiden name Sally Ann Wyatt
15. Birthplace Ashland (City, town, or county) Ohio (State or foreign country) /

16. (a) Informant Mrs. Henrietta Bawbell
(b) Address Golden City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Dudenville Cem. Jasper Co

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo.

19. (a) 11-28-47 (Date received local registrar) (b) R. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1947 hour 1:30 minute P.M.

21. I hereby certify that I attended the deceased from Nov 19, 1947, to Nov 24, 1947 that I last saw him alive on Nov 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate gland
Thirty days duration
Due to Care of Drs. Newman
Due to Advice of Dr. Scott
Klaus Fisher
Other conditions (Include pregnancy within 3 months of death) diagnosis
Cancer prostate
Major findings:
Of operations Was called but not for Le Duff
Of autopsy C R Boone

Duration

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 0

23. Signature Chas R Boone (M. D.)
Address Golden City Mo Date signed 11-28-47

(Licensed Embalmer's Statement on Reverse Side)

47-11-893

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. 3278

P. O. Address Golden City, 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.