

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35126
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kennett Primary Registration District No. 1002
 (c) City Kansas City Mo. (d) Street No. San Hospital #21 Registered No. 4101
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry Travis
 (a) Residence, No. 824 1/2 E 80 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Eva Travis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>2</u>	<u>7</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunston Mo

FATHER

13. NAME Jerry Travis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunston Mo

MOTHER

15. MAIDEN NAME Nelia Ellis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunston Mo

17. INFORMANT (ADDRESS) Nelia M. Berry Parker
1005 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Oct 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. L. Graham
2208 Vine St.
10/25 1939 M. M. Brown
Local Registrar.

20. FILED 10/25 1939 M. M. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-39

22. I HEREBY CERTIFY, That I attended deceased from 10-17-39 to 10-17-39.
 I last saw Deputy Coroner on 10-17-39. Death is said to have occurred on the date stated above, 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Penetrating wound, Chest.
Neurothony

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Struck Date of injury 10-17-39
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Penetrating wound, Chest
 Nature of injury Neurothony

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) Quellwisen M. D.
 (Address) Kennett

1980

STATEMENT BY LICENSED EMBALMER

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, B. L. Graham

or by

Registered Apprentice No. _____, working under my personal supervision

Signed B. L. Graham

Licensed Embalmer No. 2540

P. O. Address 2208 Vine St

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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township K. C.
City Beaumont (No. Beaumont Hoop # 2)

Registration District No. 399
Primary Registration District No. 1002

File No. 35126
Registered No. 4101-
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs or _____ min
29 2 7-

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
Total time (years) _____ spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10/25/39 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 19 39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Penetrating wound of chest - stab wound

Other contributory causes of importance: Arteriosclerosis 174

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Homicide Date of injury 10-17-39
Where did injury occur? K. C. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury Penetrating wound

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

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

TEMPORARY

