

43697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 19 1940
Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **JASPER**

(b) City or town **JOPLIN**
(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 **NO**
22 YEARS (Specify whether years, months or days)

In this community _____
years, months or days)

8. (a) PRINT FULL NAME **JESSIE L. TRAVIS 612**8. (b) If veteran, name war **NO** 8. (c) Social Security No. **NO**4. Sex **FEM** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**6. (b) Name of husband or wife **ROBERT L. TRAVIS:** 6. (c) Age of husband or wife if alive **79** years7. Birth date of deceased **March 12, 1868**
(Month) (Day) (Year)8. AGE: Years **71** Months **9** Days **12** If less than one day _____ hr. _____ min.9. Birthplace **WISCONSIN**
(City, town, or county) (State or foreign country)10. Usual occupation **HOUSE WIFE**11. Industry or business **MONTGOMERY**12. Name **NO RECORD**
13. Birthplace (City, town, or county) **JOY** (State or foreign country)14. Maiden name **NO RECORD**
15. Birthplace (City, town, or county) (State or foreign country)16. (a) Informant's own signature **R. L. Travis**(b) Address **909 INDIANA JOPLIN MO:**17. (a) **Burial** (b) Date thereof **12-26-39**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Fairview Cemetery HURLEUT UND. CO!**18. (a) Signature of funeral director **JOPLIN MO:**(b) Address **JOPLIN MO:**19. (a) **12-26-39** (b) **E. J. Danning**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JASPER**

(c) City or town **JOPLIN MO:**
(If outside city or town limits, write "RURAL")

(d) Street No. **909 INDIANA**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **NO** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **24, 1939.**
year _____ hour _____ minute **8-10 P. M.**21. I hereby certify that I attended the deceased from **Dec. 1, 1939** to **Dec. 23, 1939.**
that I last saw her alive on **Dec. 23, 1939**
and that death occurred on the date and hour stated above.Immediate cause of death **Arteriosclerosis of Brain** Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature **E. J. Danning** (M. D. or other) _____Address **Joplin, Mo** Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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. 6;

District File Number 140-177

Date Filed JAN 20 1940

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, above space should be left blank.