

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10766

Registration District No. 236

Primary Registration District No. H143

Registrar's No.

29  
22  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County Dade.  
(b) City or town Everson Mo  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community life (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Jubia Evaline Traller  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife George Tenby Traller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 27 - 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Everson, Dade Mo. U.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name James Taylor  
13. Birthplace Tenn Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucinda Beason  
15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Mal Traller  
(b) Address Everson Mo  
17. (a) Burial (b) Date thereof Mar 7 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sinkum Creek

18. (a) Signature of funeral director George Taylor  
(b) Address Walrus Dr. Mo  
19. (a) Mar 8 - 40 (b) Mrs A. B. Stapf  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Dade  
(c) City or town Everson  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) Mo.  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1940 hour 12 minute 04 a. M.  
21. I hereby certify that I attended the deceased from June 1, 1939, to Mar 6, 1940  
that I last saw her alive on Mar 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy No  
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?  
213 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
29. Signature H. R. Riley (M. D. or other) \_\_\_\_\_  
Address Everson Mo Date signed \_\_\_\_\_

RECEIVED

Health Officer No. 6,

District File Number 2440-981

Date Filed APR 8 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.**