

No. 2
-10-19
17-
X2

OCT 23 1940

608

Primary Registration District No. 4862 5807

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Fairview, Mo. (Rural)
(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 2
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Fairview, Mo. (Rural R.)
(d) Street No. 2 miles West of Fairview
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Edward Travis

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula O'Neal Travis 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased August 25 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	0	6	--- hr. --- min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William Travis

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Travis

(b) Address Fairview, Mo. R.F.D.

17. (a) Burial (b) Date thereof 9-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiland Park Cem. K.C.

18. (a) Signature of funeral director Horine-Culver
(b) Address Cassville, Mo.

19. (a) Sept. 10-1940 (b) Ada Collings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 1940 hour 4:15 minute A.M.

21. I hereby certify that I attended the deceased from on
August 26, 1940, to _____, 19____;
that I last saw him alive on August 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 6 days

Due to Cerebral hemorrhage 7 days

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

Major findings:
Of operations _____
Of autopsy _____
Underlines 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? Kan.

While at work? _____ (Specify type of place) (2) Means of injury 5

23. Signature Charles O. Chester (M. D. or other) D.O.
Address Grandy Mo Date signed Aug 31/40

RECEIVED

District Health Officer No. 6,

District File Number 1040-2692

Date Filed OCT 11 1940

OCT 23 1946

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 J. C. Canada, Registered Apprentice No. 225 working under my personal supervision.

Signed J. C. Canada

Licensed Embalmer No. 3584

P. O. Address Cassville, 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, above space should be left blank.