No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21225

FILED JUL 10 1941

Registration District No. 85

Primary Registration District No. 5127

Registrar's No. 600

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) ~~City or town~~ Rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Industrial City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town Industrial City
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME ANNA TRAVILLA

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Thomas Travilla

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

7. Birth date of deceased July (Month) 1st. (Day) 1860 (Year)

8. AGE: Years 80 Months 11 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Johnathan Thomas
13. Birthplace unknown (City, town, or county) Wales (State or foreign country)

MOTHER
14. Maiden name Ellen Griffiths
15. Birthplace unknown (City, town, or county) Wales (State or foreign country)

16. (a) Informant Mrs. Mary Wilson
(b) Address Industrial City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6--11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph, Mo.

19. (a) June 11, 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th. year 1941 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from May 15, 1941, to June 4, 1941; that I last saw her alive on June 4, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis (Chronic)	3 yrs
Due to Auricular Fibrillation	1 yr
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 .....

23. Signature [signature] (M. D. or other) MD
Address Central Bldg ST. JOSEPH Date signed June 11 1941

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo E. Dani

Licensed Embalmer No. 3300

P. O. Address St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.