

No. 2  
1-4-41  
17-39  
X28390

State File No. \_\_\_\_\_

FILED AUG 11 1941

Registration District No. 278

Primary Registration District No. 5170B

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Camden *Camden, Mo.*

(b) City or town Richland *rural*  
(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)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden *015*

(c) City or town Richland *rural* *0*  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ *0*

3. (a) PRINT FULL NAME Rebecca Jane Traw

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1941 hour 7 minute 40 A.M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widow *2*

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased July 3 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 22, 1941, to July 12, 1941;  
that I last saw her alive on July 10, 1941;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death: Gangrene of right foot & leg *2 mos.*

Due to Arteriosclerosis *5 years*

9. Birthplace Bowling Green Missouri *0*  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 97

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Preston Young

13. Birthplace Bowling Green Missouri *0*  
(City, town, or county) (State or foreign country)

14. Maiden name Celle Henry

15. Birthplace Bowling Green Missouri *0*  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Verge Traw

(b) Address Richland, Missouri

17. (a) burial (b) Date thereof July 13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewis Cemetery

18. (a) Signature of funeral director R. B. Seiple

(b) Address Richland, Missouri

19. (a) July 17 1941 (b) Mrs. Marjorie Mooney  
(Date received by local registrar) (Registrar's signature)

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 Oratt A. Oliver (M. D. or other) *0*

Address Richland, Mo. Date signed 7/12/41

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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1261

Date Filed 8-7-41

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**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. 3198

P. O. Address Richland

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

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