

FILED MAY 14 1942

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
503 South Ball
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 60 years

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL") 6

(d) Street No. 503 So. Ball 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Kathryn Traup

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 1 1940 to Apr 3 1942
that I last saw h..... alive on Apr 2 1942
and that death occurred on the date and hour stated above.

4. Sex 3 | 5. Color or race W | 6. (a) Single, widowed, married, divorced..... 2

6. (b) Name of husband or wife Walter Traup | 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 5 1882
(Month) (Day) (Year)

Immediate cause of death Phthisis Pulm.

8. AGE: Years Months Days If less than one day

60 1 28 hr. min.

Due to.....

Due to.....

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

138'

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John A. Lawrey

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johny Ella Webb

15. Birthplace Jasper Co. Missouri
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Mrs. Walter Traup

(b) Address Webb City, Mo

17. (a) Funeral (b) Date thereof 4 5 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

While at work..... (Specify type of place) (e) Means of injury 0

23. Signature P. L. Petchett (M. D. or other) 0
Address Webb City Mo. Date signed 4/5/42

18. (a) Signature of funeral director Hedra P. Petchett

(b) Address Webb City, Mo

19. (a) April 5, 1942 (b) Mrs. Lillie Eagle
(Date received local registrar) (Registrar's signature)

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

49
6
2

42-4-350

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..... *W. H. Hedger*
Licensed Embalmer No. *285-9*
P. O. Address..... *Abb. City*

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, fact should be so stated above.