

LED MAR 1 1943
Registration District No. 1047

Primary Registration District No. 4016

1. PLACE OF DEATH:

(a) County Atchison

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

(c) Name of hospital or institution: L. R.
(If not in hospital or institution, write street number or location)

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

In this community 5.0 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Tarkio
(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 James Edward Travis

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1943 hour 1 minute 35 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marshall

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

7. Birth date of deceased May 25 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1936 to Feb 11, 1943
that I last saw him alive on Feb 9, 1943
and that death occurred on the date and hour stated above:

8. AGE: Years 79 Months 8 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death	Duration
<u>Pulmonary edema</u>	<u>2 days</u>
Due to <u>hypertensive heart disease</u>	<u>6 yrs +</u>
Due to <u>arterio-sclerosis</u>	<u>6 yrs +</u>
Other conditions <u>glomerular nephritis</u> (Include pregnancy within 3 months of death)	<u>6 yrs +</u>

9. Birthplace New Vernon Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

PHYSICIAN

Major findings: 1318

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name William B Travis

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

14. Maiden name Anna Jay

15. Birthplace Penn
(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. H. K. Noel

(b) Address Tarkio, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb 13 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Center

18. (a) Signature of funeral director Agnes Funeral Home

(b) Address Tarkio Mo.

19. (a) March 12 1943 (Date received local registrar)

(b) Mrs. H. K. Cunningham (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Charles H. Flynn (M. D. seal)

Address Clanville, Iowa Date signed 2-26-43

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

1329

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.....

Jno. M. Davis

Licensed Embalmer No.....

2394

P. O. Address.....

Tarkenton, W.

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.