

Registration District No. **37**

Primary Registration District No. **4049**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Centerville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Boone**
(c) City or town **Centerville**
(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 **0**

3. (a) PRINT FULL NAME **ELIZABETH PILE TRAU GAIBER**

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

4. Sex **f** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **MARCH 21 1875**
(Month) (Day) (Year)

8. AGE: Years **68** Months **0** Days **14** If less than one day hr. min.

9. Birthplace **ADRAIN Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Newskeeper**

11. Industry or business

MOTHER FATHER
12. Name **J M Traughber**
13. Birthplace **Centerville Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Miss Brennan**
15. Birthplace **Centerville Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida Mae Traughber**

(b) Address **Centerville Mo**

17. (a) **Burial** (b) Date thereof **4-8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centerville Mo**

18. (a) Signature of funeral director **W M Schaefer**

(b) Address **Centerville Mo**

19. (a) **4-7-1943** (b) **Chas. D Wright**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5th**
year **1943** hour **5:00** pm **10** M.

21. I hereby certify that I attended the deceased from **1940** 19 **4/5/43** 19 **43**
that I last saw h. alive on **4/5/43** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia**
Cardio Vascular Renal
Disease

Due to **29 hrs. 10 yrs.**

Due to

Other conditions **13/a**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Means of injury

23. Signature **Frank M Borden** (M. D. or D. O.)

Address **Centerville Mo** Date signed **4/6/43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *M. J. Mohr*

Licensed Embalmer No. *4313*

P. O. Address *Centerville 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, fact should be so stated above.