

S. No. 2  
DOM-2-43  
Rev. 5-17-53  
11X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24115**  
Registrar's No. **3182**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2219 Swope Parkway**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Years**  
In this community **1 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2219 Swope Parkway**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **--**

3. (a) PRINT FULL NAME **Mr. John Travis**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **18th**  
year **1943** hour **8** 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 **Mrs. Mary E. Travis**  
6. (c) Age of husband or wife if alive **--** years  
7. Birth date of deceased **October 24 1854**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-13** 19**43** to **7-15** 19**43**  
that I last saw him alive on **7-15** 19**43**  
and that death occurred on the date and hour stated above.

8. AGE: Years **88** Months **8** Days **24**  
If less than one day **25** hr. min.

Immediate cause of death:  
**Chronic myocarditis.**  
**Shrump's nephritis.**  
**Aortic sclerosis.**  
Due to **Angina pectoris.**  
Other conditions (Include pregnancy within 3 months of death) **1316**

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

10. Usual occupation **Merchant - Retired**

11. Industry or business **Grocery Business**

12. Name **David Travis**

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

14. Maiden name **Leora Henshaw**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Brown**  
(b) Address **814 E 44th St, Kansas City**

17. (a) Burial (b) Date thereof **July 21, 1943**  
(Burial, cremation, or removal) **Dale Cemetery** (Month) (Day) (Year)  
(c) Place: burial or cremation **Bethany, Missouri**

18. (a) Signature of funeral director **D. J. Newsome, Iowa**  
(b) Address **1401 Brush Creek Blvd.**  
19. (a) **7-20-43** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

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?

23. (a) **W. C. Smith** (M. D. or other)  
(b) **7/19/43** Date signed  
24. **W. C. Smith** (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

361

1230  
11-5  
Burg.

**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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address K C 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.**