

FILED JAN 12 1944

Registration District No. _____

Primary Registration District No. 1050

Registrar's No. 1488

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

1. PLACE OF DEATH:

(a) County Buchanan Mo

(b) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp 252
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 years 11 mths 13 d
(Specify whether years, months or days)

In this community 42 years 11 mths 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. Winkburn
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME EDNA TRAVIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown

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

7. Birth date of deceased Unknown 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months unk. Days unk. If less than one day hr. _____ min. _____

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Mrs. Fred Coulter

(b) Address 2120 Marquette St. St. Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1943
(Month) (Day) (Year)

(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director Mrs. E. P. Sidenbader

(b) Address 602 So. 10th Street

19. (a) 12-24-43 (Date received local registrar) (b) Rose Heizer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21st year 1943 hour 1 minute 30 AM

21. I hereby certify that I attended the deceased from Oct 12th 1943 to Dec 20th 1943 that I last saw her alive on Dec 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 8 days
Pericarditis

Due to Cerephosis of the liver
Cirrhosis of liver

Due to _____
Other conditions 1246
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

If autopsy Broncho-Pneumonia
Pericarditis Cirrhosis of liver

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

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 12/24/43

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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.....

P. O. Address.....

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.