

FILED DEC 12 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 2089

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wesley Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates
(c) City or town Rich Hill (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Pleasant Gap Exp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (c) PRINT FULL NAME PERRY O. TRAFUS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Aug. 24 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. P. Trafus

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

14. Maiden name Mary Travis

15. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. Trafus

(b) Address Appleton City Mo. # 3

17. (a) Burial (b) Date thereof 10-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Baptist

18. (a) Signature of funeral director Oscar G. Hoff

(b) Address Appleton City Mo. # 3

19. (a) Oct 30, 1944 (b) Kathleen Compton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1944 hour 10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 1, 44 to Oct. 30, 44 that I last saw in alive on Oct. 22, 44 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of throat. Duration _____

Due to Cancer

Due to _____

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

Major findings: None
Of operations _____

Of autopsy None

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) (Specify means of injury)

23. Signature C. M. Rice (M.D. or other)

Address Butler Mo. Date signed Oct. 30, 44

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

1206

No. 7
11-44-1394
12-8-44

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.