

FILED DEC 15 1944

Registration District No.

Primary Registration District No. 3006

Registrar's No. 281

1. PLACE OF DEATH:

(a) County... Boone
 (b) City or town... Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution... Ellis Fischel Cancer Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 19 days
(Specify whether)
 In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Maries
 (c) City or town... Vienna
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? ... (Yes or No)
 If yes, name country... 1

3. (a) PRINT FULL NAME... Traister, Louis

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

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

6. (b) Name of husband or wife... Traister, Charles Age of husband or wife if alive... 69 years

7. Birth date of deceased... January 4 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Day	If less than one day
	<u>69</u>	<u>10</u>	<u>1</u>	hr. min.

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

10. Usual occupation... house wife

11. Industry or business...

MOTHER FATHER
 12. Name... Briggs, James
 13. Birthplace... Maries County Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name... Murphy, Nancy
 15. Birthplace... Maries County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant... Traister, Louisiana
 (b) Address... Vienna, Missouri

17. (a) Removal (b) Date thereof... 11-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Vienna, Mo.

18. (a) Signature of funeral director... R. W. Willett

(b) Address... Columbia, Mo.

19. (a) 11-16-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... November day... 15
 year... 1944 hour... 10¹² minute... 45 A.M.

21. I hereby certify that I attended the deceased from... Oct 27-44
October 27, 1944 to November 15, 1944
 that I last saw her alive on November 15, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death... in person - possibly pneumonia
 Due to... Exploratory operation for cancer of gall bladder
 Due to... H6
 Other conditions... H6
(Include pregnancy within 3 months of death)

Major findings... Carcinoma of gall-bladder with liver metastasis
 Of autopsy...
 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?
(Specify type of place)

While at work? ... (Specify type of place)
 (e) Means of injury ...
 23. Signature... Nathaniel D. King M.D.
 Address... Mo. State Cancer Hosp. Date signed... 11/16/44

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 12-14-44

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.....

W. Willert
.....
Licensed Embalmer No. 3183

P. O. Address..... *Columbia*

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.