

S. No. 2
DM-2.43
v. 5-17-39
X35697

12546

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 23 1945

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1503

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:
St. Marys Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-17-45-3-31-45
(Specify whether

In this community No Record
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 104 West 9th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George Travis

3. (b) If veteran, name war No Record

3. (c) Social Security No. 535-05 4904

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1945 hour 6 minute 30 A. M.

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from March 17-1945 to March 31-1945

that I last saw him alive on 3-21-1945 and that death occurred on the date and hour stated above.

7. Birth date of deceased May 20 1886
(Month) (Day) (Year)

8. AGE: 58 Years 8 Months 11 Days
10 hr. _____ min.

Immediate cause of death Pulmonary tuberculosis

Diabetes mellitus

Due to arteriosclerosis

Due to _____

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

10. Usual occupation Labor

Other conditions 138
(Include pregnancy within 3 months of death)

11. Industry or business Kansas City Southern

12. Name No Record Rail Road

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant W. J. Madden

(b) Address 605 Main

17. (a) Burial (b) Date thereof 4/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Stanley Roe

(b) Address Kansas City Mo

19. (a) 4-3-45 (b) G. Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at work? no (c) Means of injury _____

23. Signature D. W. ... (M. D. or other) MD
Address 800 ... Date 4-2-45

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.....
Licensed Embalmer No. 7810
P. O. Address J. C. no.

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.