

S. No. 2  
M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17815

State File No. \_\_\_\_\_  
Registrar's No. 2124

Registration District No. 301

Primary Registration District No. 6041

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town rural Thomas  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5 miles S.E. of Naylor  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ripley 9/1

(c) City or town rural (If outside city or town limits, write "RURAL") 0

(d) Street No. 5 miles SE of Naylor (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Evalynin Travis

3. (b) If veteran, name war Spanish Am.

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1946 hour 7 minute 45 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Anna Garner Travis

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec. 1, 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 5, 1946 to May 6, 1946  
that I last saw him alive on May 5, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 5 Days 5 If less than one day  
hr. min.

Immediate cause of death cerebral hemorrhage  
Due to hypertension

9. Birthplace Wolfe Lake Ill.  
(City, town, or county) (State or foreign country)

Other conditions chronic nephritis  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:  
Of operations none  
Of autopsy no B/L

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

11. Industry or business \_\_\_\_\_

12. Name William Travis

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Emmaline Hodge

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

16. (a) Informant Mrs. Anna Travis

(b) Address Naylor, Mo.

17. (a) burial (b) Date thereof May 8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinsey Ceme.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) 5-22-46 (b) E. D. Johnston  
(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) \_\_\_\_\_

(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. Signature Heppelwhite (Specify type of place) \_\_\_\_\_ (e) Mass of injury

Address Naylor Mo (M. D. or other) \_\_\_\_\_ Date signed 7/20/46

MAY 27 1946

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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 *Bryan McCord*.....

Licensed Embalmer No. *4079*.....

P. O. Address *Naylor, 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.**