

FILED APR 15 1949

Registration District No. _____

Primary Registration District No. **6149**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Rural Duck Creek**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard 103**
(c) City or town **Rural**
(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 _____

3. (a) PRINT FULL NAME **Laura B. Travers,**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb 3 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Illinois** /
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **House Work,**

12. Name **W.J. Shaw,**

13. Birthplace **Illinois** /
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Holoway,**

15. Birthplace **Illinois** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Travers**

(b) Address **Kinder Missouri,**

17. (a) **Burial** (b) Date thereof **3 13 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **George Cemetary Watkins Service**

18. (a) Signature of funeral director _____

(b) Address **Puxico Missouri,**

19. (a) **3-20-47** (b) **Flora Morgan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**
year **1947** hour **3** minute _____ P. M.

21. I hereby certify that I attended the deceased from **12-15**, 19**46**, to **3-7**, 19**47**,
that I last saw **her** alive on **3-7**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
CHRONIC MYOCARDITIS

Due to **ARTERIOSCLEROSIS**

Due to _____

Other conditions **HYPERTENSION -**
(Include pregnancy within 3 months of death)
ACUTE GLOMERULAR NEPHRITIS

Major findings: _____
Of operations _____

Of autopsy _____

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 **2**

23. Signature **Laura B. Travers** (M. D. or other) _____

Address **BLOOMFIELD, Mo.** Date signed **3-15-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 447-5-49

Date Filed 4-10-42

APR 16 1942

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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.