

No. 2
-1747
-1739

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24572

State File No.

National Office of Vital Statistics

FILED AUG 5 1947

Registration District No.

Primary Registration District No. 241

Registrar's No.

1. PLACE OF DEATH:

(a) County..... **Jasper**

(b) City or town..... **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Fresman Hospital** *J*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **4 Hours**
(Specify whether **30 Years** in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Jasper** *49*

(c) City or town..... **Joplin** *2*
(If outside city or town limits, write "RURAL")

(d) Street No. **2315 Virginia Ave.** *5*
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No) *1*

If yes, name country.....

3. (a) PRINT FULL NAME **Fred L. Traylor**

3. (b) If veteran, name war **World War # 1**

3. (c) Social Security No.

4. Sex..... **Male** 5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Ada Traylor**

6. (c) Age of husband or wife if alive..... **43** years

7. Birth date of deceased..... **July 30, 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	10	9 hr. min.

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

10. Usual occupation..... **Rata Clerk**

11. Industry or business..... **Frisco Railroad**

12. Name..... **Fleming L. Traylor**

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

14. Maiden name..... **No Record**

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

16. (a) Informant..... **Mrs Ada Traylor**

(b) Address..... **2315 Virginia**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **6/24/47**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Mount Hope Cemetery**

18. (a) Signature of funeral director..... **Hurlbut Mortuary**

(b) Address..... **Joplin, Missouri**

19. (a) *7-1-47* (Date received local registrar's certificate) (b) **Ed. D. James M.D.** (Registrar's signature) *29*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **21st**
year..... **1947** hour..... **5:30** minute..... **A. M.**

21. I hereby certify that I attended the deceased from..... **2:00** a. m. *La*
6-21-....., 19**47**, to....., 19.....
that I last saw **im** alive on **June 21**....., 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Shock and myocardial failure** *Duration 6 hrs.*

Due to **Generalized toxemia as a result of herniation of about ten feet of intestines**

Due to **through an opening in the mesentery of the ileum with necrosis of the ileum and gangrene of the incarcerated bowel** *Other conditions and gangrene of the incarcerated bowel*

Major findings: **none** *2 2 fever 48 hours*

Of operations.....

Of autopsy..... **yes - see above.**

PHYSICIAN

Underline the cause of 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)

Means of injury..... *0*

23. Signature..... *Ed. D. James* (M. D. or other) *0*

Address..... **527 Frisco Bldg, Joplin** Date signed **6-30-47**

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

Get tax

MOTHER FATHER

NOV 24 1946

MAY 28 1953

JUN 1 1948

AUG 6 1947

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 *Perry K. Furlbut*

Licensed Embalmer No. 959

P. O. Address *Japan 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.

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and township)
(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)

3. (a) PRINT FULL NAME Fred L. Traylor

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased July 30 1897
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-1-47 (b) Dolores Tompkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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) (e) Means of injury _____

Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

24572