No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25128

Registration District No. 2-98 Primary Registration District No. 6024 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Polk Twp.
(If outside city or town limits, write "RURAL" and name of 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Rural Polk Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Francis Marion Trayler

3. (b) If veteran, name war

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 Sarah

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January (Month) 15 (Day) 1860 (Year)

8. AGE: Years 87 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Cecil Traylor
(b) Address Lawson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Jarman Prichard
(b) Address Lawson, Mo.

19. (a) Apr 30-1947 (Date received local registrar) (b) Mrs. Raymond Grove (Registrar's signature) 21.11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from April, 26, 1947 to April, 29, 1947
that I last saw him alive on April, 27, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning	
Due to Senile Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (e) Means of injury

23. Signature Cletus E Buehrer (M. D. or other)
Address Lawson Mo. Date signed April 31, 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-15-47

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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fayetteville Springs, 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.