No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25260

Registration District No. 360 | Primary Registration District No. 6225 | Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Mur of Washington tws (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 L (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yr 4 mo 25 days (Specify whether
In this community 35 years 4 months 25 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits write "RURAL") 5
(d) Street No. 240 E Carter 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME JETTIE TRAVIS

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

4. Sex Fem 1 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single D

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 72 yrs | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace ~~Ark~~ ✓ (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace ✓ (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown 11
15. Birthplace ✓ (City, town, or county) (State or foreign country) 1

16. (a) Informant Hospital records
(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Glover Mort
(b) Address Joplin Mo.

19. (a) 7-21-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 331

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1948 hour 6 minute p M.

21. I hereby certify that I attended the deceased from 11-2-, 1944 to 7-17, 1948 that I last saw her alive on 7-17-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Traumatic Shock	2 days
Due to Fracture re humerus	
Due to Fall on floor of ward during epileptic seizure	
Other conditions Epilepsy (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) Accident
(b) Date of occurrence July 15 1948 108
(c) Where did injury occur? On hospital ward (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell on floor during epileptic seizure (Specify type of place)
While at work? No (e) Means of injury Fall on floor

23. Signature R G Hall O M K (M. D. or other)
Address Nevada Mo Date signed 7-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer N
District File Number 8
Date Filed 7-27

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 Dale Glover, Registered Apprentice No. 87 working under my personal supervision.

Signed Perry K. Hurlbu

Licensed Embalmer No. 959

P. O. Address Joplin Nec

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.