

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27497
Registrar's No. 2305

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 5 days
years, months or days)

3. (a) PRINT FULL NAME TRAVIS HOWARD BONE

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 S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased April 7 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 4 11 hr. min.

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

10. Usual occupation Student

11. Industry or business Elementary School

12. Name Fred Bone
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Estella Davis
15. Birthplace Matthews, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Estella Bone
(b) Address Matthews, Missouri

17. (a) Removal (b) Date thereof 8-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Armon, Missouri

18. (a) Signature of funeral director Albritton Undertakers
(b) Address Sikeston, Missouri

19. (a) AUG 20 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1948 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 13 to Aug 18
that I last saw him alive on Aug 18 and that death occurred on the date and hour stated above.

Immediate cause of death

Brain tumor (benign)

Due to Malignant

Due to 5-18

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Brain tumor

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

23. Signature A. F. Bergman (M.D. or other) M.D.
Address 372 Washington Date signed 8/18/48

7305

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.....

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.