

No. 300
4-10-47
5-17-39
I 3906

State File No. _____

FILED NOV 5 1948

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
326 S. Showell 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 74 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray ⁸⁹

(c) City or town Richmond ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 326 S. Showell ¹
(If rural, give location)

(e) Citizen of foreign country? no ⁰
(Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME John Pleasant Travillion

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M ⁰ 5. Color or race W

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

6. (b) Name of husband or wife Bessie F. Travillion

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. 24 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired farmer

MOTHER FATHER

11. Industry or business _____

12. Name Hiram Henderson Travillion

13. Birthplace Levan 1
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Jane Methena

15. Birthplace Levan 1
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie F. Travillion

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Oct. 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove cemetery

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond Mo.

19. (a) Oct 28, 1948 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature) 292

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1948 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from October 11, 1948, to October 26, 1948; that I last saw him alive on October 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia - terminal ^{1 day}

Due to Arteriosclerotic heart disease ^{+ 10 yrs.}
and probable carcinoma of colon ^{+ 6 mo.}

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

Major findings: Of operations 46

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? 0

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature W. H. Johnson (M. D. or other) MD

Address Richmond, Mo. Date signed 10/28/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-4-48

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.