

FILED FEB 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1748  
63

|  |                        |  |   |  |   |  |                                  |  |
|--|------------------------|--|---|--|---|--|----------------------------------|--|
| BIRTH NO. _____  |                        | REG. DIST. NO. 146   |   | PRIMARY REG. DIST. NO. 3026  |   | Registrar's No. _____  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |                        |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |   |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence  |                        | c. LENGTH OF STAY (in this place)  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 7005                               |   |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2714 Norwood   |                        |  |   | d. STREET ADDRESS (If rural, give location) 2714 Norwood   |   |  |                                  |  |
| 3. NAME OF DECEASED (Type or Print) Sarah  |                        |  | a. (First) Sarah                                  |  | b. (Middle) E.  |  | c. (Last) Trayler                |  |
| 4. DATE OF DEATH Feb. 8, 1953  |                        | (Month) (Day) (Year)   |   |  |   |  |                                  |  |
| 5. SEX Female  | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed   |   | 8. DATE OF BIRTH Feb. 22, 1869   |   | 9. AGE (In years last birthday) 83                                       | 10. UNDER 1 YEAR Months          | 11. UNDER 24 Hrs. Days   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home  |                        |  | 10b. KIND OF BUSINESS OR INDUSTRY none            |  | 11. BIRTHPLACE (City and State or Foreign Country) Missouri                         |  | 12. CITIZEN OF WHAT COUNTRY? USA |  |
| 13a. FATHER'S NAME John J. Booth   |                        |  | 13b. MOTHER'S MAIDEN NAME Sarah J. Russell        |  | 14. NAME OF HUSBAND OR WIFE Francis M. Trayler                                      |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no   |                        |  | 16. SOCIAL SECURITY NO. none                      |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Cecil Trayler, K C Mo. 2801 Charlotte |  |                                  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   |                        |  |   | MEDICAL CERTIFICATION  |   |  |                                  | INTERVAL BETWEEN ONSET AND DEATH 5 days  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Virus Pneumonia</i>  |                        |  |   | DUE TO (b) <i>Epidemic</i>   |   |  |                                  |  |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |                        |  |   | DUE TO (c)   |   |  |                                  | 493 X P  |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Had fractured hip 10 months ago and been investigated</i>                    |                        |  |   |  |   |  |                                  |  |
| 19a. DATE OF OPERATION   |                        | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   |  |                                  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |  |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?   |   |  |                                  |  |
| 22. I hereby certify that I attended the deceased from 2-7-1953, to 2-8-1953, that I last saw the deceased alive on 2-7-1953, and that death occurred at 12:15 m., from the causes and on the date stated above. |                        |  |   |  |   |  |                                  |  |
| 23a. SIGNATURE (Degree or title) <i>G. H. Allen, M.D.</i>  |                        |  |   | 23b. ADDRESS Independence, Mo.   |   | 23c. DATE SIGNED 2-8-53  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal  |                        | 24b. DATE 2-8-53   | 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery |  | 24d. LOCATION (City, town, or county) (State) Lawson, Mo.                           |  |                                  |  |
| DATE REC'D BY LOCAL REG. 2-8-53  |                        | REGISTRAR'S SIGNATURE <i>James H. Kelly</i>  |   | 354  |   | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Richard Johnson, Mo.</i> |                                  |  |

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

7005

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Lindell K. Jarman*

Licensed Embalmer No. 4589

P. O. Address Excelsior 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.