

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19004**

2582

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>70 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2215 Flora</b>				STREET ADDRESS (If rural, give location) <b>2215 Flora</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edna</b>		b. (Middle) <b>Earl</b>		c. (Last) <b>Travis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 12, 1955</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>June 2, 1885</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Independence, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Evans</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Patterson</b>		14. NAME OF HUSBAND OR WIFE <b>Jerry Travis</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-12-0336</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gertrude Johnson 1834 Brooklyn</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means, the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>33 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 <u>6/11</u> , 19 <u>55</u> to <u>6/12</u> , 19 <u>55</u> that I last saw the deceased alive on <u>6/12</u> , 19 <u>55</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. S. Daigle</b> (Degree or title)				23b. ADDRESS <b>2122 Truman Rd</b>		23c. DATE SIGNED <b>6/15/55</b>	
24a. BURIAL CREMATION (REMOVED) (Specify) <b>burial</b>		24b. DATE <b>June 18, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Mo. Gas</b>	
DATE REC'D BY LOCAL REG. <b>6-16-55</b>		REGISTRAR'S SIGNATURE <b>Wesley Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wetters Bros. Funeral Home 16 Barton</b>			

WRITE PLAINLY.—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Bruce A. Watkins*.....

Licensed Embalmer No. *45*  
P. O. Address *18th Bend*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.