

No. 2  
4-13-40  
5-17-39  
I X23159

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 152

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston

(c) Name of hospital or institution: 208 East Court Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days) 3

3. (a) PRINT FULL NAME Margaret Travis

3. (b) If veteran, name war X X X

3. (c) Social Security No. X X X

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife James Travis

6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased Jan. 14 1862

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>3</u>	.....hr. ....min.

9. Birthplace New Orleans Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired House wife

11. Industry or business At Home

MOTHER FATHER { 12. Name Conrad Loebe

13. Birthplace Frankfort Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Rosanna Geiss

15. Birthplace Frankfort Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tillie Blood

(b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 11-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1.0.0.F.-Charleston

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Missouri

19. (a) 11-22-40 (b) J. D. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss.

(c) City or town Charleston, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 206 East Court Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1940 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from Nov 17 1940  
to Nov 17 1940  
that I last saw her alive on Nov 17 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Beriberi

Duration 7 yrs.

Due to .....

Due to .....

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

PHYSICIAN

Major findings:  
Of operations .....

Of autopsy .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 745

(Specify type of place) While at work?

(Specify means of injury) Means of injury

23. Signature F. Elias Johnson (M. D. or other) 12/1/40  
Address Charleston, Mo. Date signed

RECEIVED

District Health Officer No. 2

District File Number 1240-1750

Date Filed 12/4/40

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*John P. Munnellee Jr*

Licensed Embalmer No. 3851

P. O. Address. Charleston

**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.**