

No. 2
-2-43
5-17-39
X32697

FILED JAN 7 1947

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. 412 E. Wash
(If none, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Victor C. Travers

3. (b) If veteran. name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1946 hour 12³⁰ minute A. M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Hattie Travers

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

7. Birth date of deceased Aug. 4 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 11
1946 to Dec. 29 1946

that I last saw him alive on Dec. 28 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 4 Days 24 hr. min.

Immediate cause of death Coronary thrombosis
Angina Pectoris 18 days
2 years

9. Birthplace Davis County, Iowa
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Furniture Store

Other conditions (Include pregnancy within 3 months of death)

Major findings: A4H

11. Industry or business Retail

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name James Travers

13. Birthplace Davis County, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Thomas

15. Birthplace Calhoun, Ia.
(City, town, or county) (State or foreign country)

16. (a) Informant Thos. Travers

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 12-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, Iowa

18. (a) Signature of funeral director Wm. H. H. H. H.

(b) Address Kirkville, Mo.

19. (a) 12-31-46 (b) W. H. Lambert
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Spencer L. Freeman (M. D. or other) MD
Kirkville, Mo. Date signed 12/31/46

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

