

FILED AUG 16 1948
Registration District No. 282

Primary Registration District No. 5655

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 days (Specify whether
In this community 41 days
years, months or days)

3. (a) PRINT FULL NAME Charles D. Travis
(b) If veteran, name war _____
3. (c) Social Security No. 498-14-8217

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Sally Travis 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: December 23 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 13 _____ hr. _____ min.

9. Birthplace Obion County Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Clerk

11. Industry or business Grocery Store

12. Name George Henry Travis

13. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Pinon

15. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Aug-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steel, Mo.

18. (a) Signature of funeral director May J. Dorsett

(b) Address Mt. Vernon, Mo.

19. (a) Aug 9 1948 (b) Cecil Hendricks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Cooter
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year 1948 hour 9 minute 40 a.m.

21. I hereby certify that I attended the deceased from June 26, 1948, to August 6, 1948
that I last saw him alive on August 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Squamous cell type bronchogenic Carcinoma about 6 months
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 1

23. Signature Roy W. Dickman (M. D. or other) _____

Address Mt. Vernon, Mo. Date signed 8-6-48

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 848-904

Date Filed AUG 13 1948

OCT 25 1951

SEE 4 1951

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.....

..... *By Me*, Registered Apprentice No.
working under my personal supervision.

Signed *Max L. Fossett*

Licensed Embalmer No. *4352*

P. O. Address *Wilmington, No.*

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.