

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27151**
3550
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (In this place) **2 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **1005 Broadway**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **1005 Broadway**

3. NAME OF DECEASED (Type or Print)
a. (First) **Logan** b. (Middle) _____ c. (Last) **TRAVIS**
4. DATE OF DEATH (Month) (Day) (Year) **Aug. 17, 1950**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **Sept. 11, 1904** 9. AGE (In years last birthday) **45**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **G I Student** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe Repair School**
11. BIRTHPLACE (State or foreign country) **Mount Vernon, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U S**

13a. FATHER'S NAME **William Travis** 13b. MOTHER'S MAIDEN NAME **Laura M. Campbell** 14. NAME OF HUSBAND OR WIFE **Gladys Travis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes W. W. # 2** 16. SOCIAL SECURITY NO. **384-03-1201** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Gladys Travis Sarcoxie, Mo.** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Coronary Occlusion**
ANTECEDENT CAUSES DUE TO (b) **Coronary Sclerosis**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
INTERVAL BETWEEN ONSET AND DEATH **420!**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Geo. C. Kealhofer** (Degree or title) _____ 23b. ADDRESS **3447 Park St KC Mo** 23c. DATE SIGNED **8-18-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8-18-50** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Sarcoxie, Missouri**

DATE REC'D BY LOCAL REG. **8-18-50** REGISTRAR'S SIGNATURE **Maudeine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Melody-McGilley-Eylar** ADDRESS **Kansas City, Mo.**

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

Faint, mostly illegible text from the reverse side of the certificate, including names and dates.

SEP 5 1951

SEP 13 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.....

James P. Mc Gilley Jr.

working under my personal supervision.

Student Embalmer No. 366.....

Signature of James P. Mc Gilley Jr. with "Student Embalmer" printed below.

Signed: Edw E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.