FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1489

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen'l Hosp. #1 — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN North Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Route 5. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Thomas Middle M. Last Travis

4. DATE OF DEATH Month 1 Day 4 Year 1957

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept 8, 1891
9. AGE (In years last birthday) 65 ~~75~~ — 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) Buyer for Fruit Co
10b. KIND OF BUSINESS OR INDUSTRY Produce
11. BIRTHPLACE (City and state or country) Jersey City, N.J.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Alfred B. Travis
14. MOTHER'S MAIDEN NAME Caroline R. Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Navy (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. 496-01-1821
17. INFORMANT Rev. Donald L. Payne Address R.S.N.K.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Confluent broncho pneumonia (left)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
INTERVAL BETWEEN ONSET AND DEATH 491
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 3, 1957, to Jan. 4, 1957 and last saw ~~XXX~~ him alive on Jan. 4, 1957
Death occurred at 10 : 35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. I. Burns M.D.
22b. ADDRESS 24th & Cherry
22c. DATE SIGNED 1-4-1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-7-57
23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem
23d. LOCATION (City, town, or county) Clay Co (State) MO

24. FUNERAL DIRECTOR D.W. Newcomers ADDRESS N.K.C.
25. DATE RECD. BY LOCAL REG. 1-7-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glenn W. Hill

Licensed Embalmer No. 45

P. O. Address Kc 16,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.