

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009193

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1246 STATE FILE NUMBER

FILED MAR 29 1961

1. PLACE OF DEATH
 a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5541 Wabash St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First James Middle Travers Last Travers

4. DATE OF DEATH Month March Day 9 Year 1961

5. SEX Male 6. COLOR OR RACE white 7. Married Never Married Widowed ? Divorced 8. DATE OF BIRTH 7/8/1891 9. AGE (last birthday) 69 years IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor 10b. KIND OF BUSINESS OR INDUSTRY Janitorial 11. BIRTHPLACE (City and state or country) Chicago, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Travers 13b. MOTHER'S MAIDEN NAME Julia O'Brien 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I 16. SOCIAL SECURITY NO. W.W.I 17. INFORMANT Hosp. records from Walnut St. Nursing Home Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Neoplasm INTERVAL BETWEEN ONSET AND DEATH Unknown
 DUE TO (b) & Generalized Carcinomatosis
 DUE TO (c) & Infection
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 s.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 (once) 2/27/61, to and last saw her/him alive on 2/24/61
 Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip W. Reister MD 22b. ADDRESS 578 Argyle Bldg 22c. DATE SIGNED 3/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/9/1961 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Chicago, Illinois

24. FUNERAL DIRECTOR R.A. Fulton ADDRESS K. C., Kansas 25. DATE RECD. BY LOCAL REG. 3-9-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Philip D. Reister M.D. REGISTER MEDICAL CERTIFICATION

MAR 29 1961

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph A. Fulton

Licensed Embalmer No. 3503

P. O. Address AC K...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.