

REC'D MAY 10 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

13682

Do not use this space.

1436

**1. PLACE OF DEATH**

(a) County Jackson 1 Registration District No. 399  
 (b) Township New Primary Registration District No. 1100  
 (c) City Juanita City (d) Street No. 4528 Tracy St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

George Frederick Royburg  
 (a) Residence, No. 4528 Tracy St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elfriede Royburg  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1878  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 1 19 21  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Office Mgr.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Palace  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Unk. Royburg 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Elfriede Royburg  
4528 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE April 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. Newcomb Sons  
Brushcreek & Paseo.

20. FILED 4-4-39 M. M. Crew Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to April 3, 1939  
 I last saw him alive on April 3, 1939 Death is said to have occurred on the date stated above, at 1057 m.

The principal cause of death and related causes of importance were as follows:

Gastric Neerwas of frustrated turning back  
Hepatic cirrhosis 1938  
 Date of onset

Other contributory causes of importance: 124 lb  
Nephritis chronic 1935

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. K. Myers M. D.  
 (Address) 314 Park West Bldg KC Mo

Subject  
UP - 7529

**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Nell Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Bushner

**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, above space should be left blank.**