V. S. No. 2
50M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6001

Registration District No. 85

Primary Registration District No. 6001

Registrar's No. 203

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

11
5
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 day (Specify whether years, months or days)

In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 915 GRAND (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME ALFRED-J-ROYCE-JR.

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov (Month) 3 (Day) 1939 (Year)

8. AGE: Years 0 Months 3 Days 18 If less than one day — hr. — min.

9. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Alfred J Royce
13. Birthplace Brooklyn (City, town, or county) N. Y. (State or foreign country)

MOTHER
14. Maiden name Dorothy Nichols
15. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Alfred Jay Royce

(b) Address 915 Grand Ave St Joe, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Ray Stamey

(b) Address St Joseph, Mo

19. (a) 2/23/40 (Date received local registrar) (b) H J Nesthebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 40 hour 10 minute 0 A M.

21. I hereby certify that I attended the deceased from 2/3/40, 19__, to 2/21, 1940; that I last saw him alive on 2/20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia acute bilat	14 D
Due to	
Due to	
Other conditions Otitis media, acute bilat (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? (Specify type of place)

8 While at work? (e) Means of injury

23. Signature H E Petersen (M. D. or other)

Address 706 Francis Date signed 2/21/40

(Licensed Embalmer's Statement on Reverse Side)

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 John Ray Stanley, Registered Apprentice No. ....., working under my personal supervision.

Signed John Ray Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph 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, above space should be left blank.