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4-13-40
5-17-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13984

State File No. _____
Registrar's No. 466

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH
Buchanan
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Home 5611 So. 2nd St.
(d) Length of stay: In hospital or institution 3 months
In this community 3 months

3. (a) PRINT FULL NAME Ellen Royer
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive Dead
7. Birth date of deceased March 16 1880

8. AGE: Years 81 Months 1 Days 11
If less than one day hr. min.

9. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Hosekeeper
11. Industry or business Home

MOTHER FATHER
12. Name George Williams
13. Birthplace Unknown Iowa
14. Maiden name Dorothy Hall
15. Birthplace Unknown Iowa

16. (a) Informant Mrs. Helen Graves (Daughter)
(b) Address 5611 So. 2nd St.

17. (a) Burial (b) Date thereof 4/29/41
(c) Place: burial or cremation Quitman Missouri

18. (a) Signature of funeral director John E. Pruff
(b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) APR 29 1941 (b) J. Neelbuech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Quitman
(d) Street No. General Delivery
(e) If foreign born, how long in U. S. A. 1 year.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27
year 1941 hour minute 15 A.M.

21. I hereby certify that I attended the deceased from Mar. 15 - 41 to Apr. 27 1941
that I last saw him alive on Apr. 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary embolism
Auricular fibrillation
Arteriosclerotic cardiovascular renal disease
Other conditions: none

Duration of illness death
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: Of operations: none
Of autopsy: none

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature E. S. Gray
Address St. Joseph Mo Date signed

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

4-28-41

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Ruff

Licensed Embalmer No. 3986

P. O. Address 6054 Prvor, 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, fact should be so stated above.