No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28489

Registration District No. 398 | Primary Registration District No. 3019 | Registrar's No. 207

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 3 weeks 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Cowley
(c) City or town: Udall, Kansas
(If outside city or town limits, write "RURAL")
(d) Street No.: Box 495
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: Richard H. Royse
3. (b) If veteran, name war: None
3. (c) Social Security No. 509-09-0674
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: Sept (Month) 15 (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
26	10	17	— hr. — min.

9. Birthplace: Mulvane (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Commissary Clerk
11. Industry or business: Hanlin Supply Co.
MOTHER FATHER
12. Name: Sidney A. Royse
13. Birthplace: Rice Co. (City, town, or county) KANSAS (State or foreign country)
14. Maiden name: Gladys Helmick
15. Birthplace: Greenwood Co. (City, town, or county) KANSAS (State or foreign country)
16. (a) Informant: Sidney A. Royse
(b) Address: Udall, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Winfield Kansas
18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence Mo.
19. (a) Aug. 2-41 (Date received by local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 year 1941 hour 6:45 minute A.M.
21. I hereby certify that I attended the deceased from 8/1/41, 1941, to 8/2, 1941, that I last saw him alive on 8/2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes mellitus	10 years
Due to acidosis & diabetes mellitus	36 hours
Due to	
Other conditions (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)
While at work?
(e) Means of injury

23. Signature: Fred W. Hirth (M. D. or other) M.D.
Address: Fairmount Mo. Date signed 8/2/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 7 1941

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 Raymond N Martin

Licensed Embalmer No. 4160

P. O. Address Independence 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.