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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17123

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2184

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether years, months or days)

In this community 27 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 225 East 33rd Street 8 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Mattie Royse

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 Married

6. (b) Name of husband or wife Mr. Clarence E. Royse

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 15 (Day) 1887 (Year)

8. AGE: Years 55 Months 9 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name James Benjamin Smither
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Lucy Throckmorton
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mr. Clarence E. Royse

(b) Address 225 East 33rd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-11-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1943 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 1, 1943, to May 10, 1943; that I last saw her alive on May 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	2 days
Due to Bilateral Carcinoma of Breasts	1 yr
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 John T. Skinner (M. D. or other) MD

Address 1402 Bryant Bldg Date signed 5-10-43

361 (Licensed Embalmer's Statement on Reverse Side) 35 C No

Board of Health
10th Fl City Hall

1962 Bryant Bldg
1:30. 5:30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.