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0M—5-42
. 5-17-39
I X32871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17598

ED JUN 15 1943

Registration District No. 1

Primary Registration District No. 4107

Registrar's No. 32

20
1
0

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

1. PLACE OF DEATH:

(a) County Cedar

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

(c) Name of hospital or institution: 811 S Main 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20 1

(c) City or town El Dorado Spgs 0
(If outside city or town limits, write "RURAL")

(d) Street No. 811 S Main
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM P. ROYSTON

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 Married

6. (b) Name of husband or wife Ida Royston

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July (Month) 24 (Day) 1861 (Year)

8. AGE: Years 81 Months 10 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation

11. Industry or business Dr of Medecine

FATHER
12. Name E. C. Royston
13. Birthplace (City, town, or county) Na 1 (State or foreign country)

MOTHER
14. Maiden name Eliza Pinnell
15. Birthplace (City, town, or county) Na 1 (State or foreign country)

16. (a) Informant Sallie F. Lindsay
(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1/43 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Mofres Fieneral Home
(b) Address El Dorado Spgs

19. (a) 6-2-43 (Date received local registrar) (b) L. J. Dunaway (Registrar's signature)

1040

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 43 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 10th 1942, 19__, to May 30, 1943 that I last saw him alive on May 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

97

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 J. W. Dawson (M. D. ~~or other~~)

Address El Dorado Spgs Mo Date signed 6-2-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5/43/504
Date Filed 6/10/43

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 George W. Nafus

Licensed Embalmer No. 9752

P. O. Address El Dorado Springs

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.