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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23938**
3079
 Registrar's No. _____

FILED AUG 6 1943
 Registration District No. _____

Primary Registration District No. 1002

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's Hospital
(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 1 Week

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oklahoma (b) County Wagon
 (c) City or town Chouteau
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route 1.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROYAL SYLVESTER LUCE
 (b) If veteran, name war No
 (c) Social Security No. 418-10-2786

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 13
 year 1943 hour 6 minute 45 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Alice Blevens
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Dec. 18, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10, 1943 to July 12, 1943
 that I last saw him alive on July 12, 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Intestinal obstruction
Early fibrinous peritonitis
 Due to Resenteric cyst
(Origin not identifiable)
 Due to at gross autopsy

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

Other conditions 192a
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer
 11. Industry or business Self

Major findings: None
 Of operations _____
 Of autopsy As above

MOTHER FATHER {
 12. Name Royal Luce
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret O'Neil
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Alva L. Luce
 (b) Address 5000 Park
 17. (a) Removal (b) Date thereof July 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clever, Missouri

23. Signature Lyle G. Willits (M. D. or other)
 Address Dr. G. E. Willits, M.D. Date signed _____
10 of (Registrar's signature)

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Missouri
 19. (a) 7-13-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

Dr. Whitcomb

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 *J. D. Blackman*
Licensed Embalmer No. *3639*
P. O. Address *K. C. 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.