

FILED AUG 12 1943
Registration District No. 20

Primary Registration District No. 5450

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural, Miller Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 30 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry ³⁸

(c) City or town Pattonburg R 20
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret M Royston

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Jan 4
1943, to July 24 1943
that I last saw her alive on July 24 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married Divorced, widowed

6. (b) Name of husband or wife Albert Royston Decd. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12 1868
(Month) (Day) (Year)

Immediate cause of death myocarditis unknown

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 75 Months + Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Gentry Co Mo
(City, town or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name Enoch Francis

13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Crowder

15. Birthplace not known
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant Mitchell Royston

(b) Address Pattonburg Mo R 20

17. (a) Burial (b) Date thereof July 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattonburg, Old J. Anthony

18. (a) Signature of funeral director W. Brown

(b) Address Pattonburg Mo

19. (a) August 3 1943 (b) Howard H. Baker
(Date received local registrar) (Registrar's signature)
Deputy Registrar (Statement on Reverse Side)

23. Signature LR Knight (M. D. or other) DL

Address Pattonburg Mo Date signed 7-28-43

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 G. S. Granger

Licensed Embalmer No. 2857

P. O. Address Duttonburg 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.