

FILED AUG 7 1943

Registration District No. 3

Primary Registration District No. 6748

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Richwoods - RURAL
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 3/6 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Richwoods rural
(If outside city or town limits, write "RURAL")
(d) Street No. Richwoods
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hattie Mae Royer

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

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

6. (b) Name of husband or wife James A. Royer 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Franklin County (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business House wife

12. Name Ezra Ziegler

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

14. Maiden name Fannie Cain

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant A. W. Royer

(b) Address Richwoods Missouri

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

(c) Place: burial or cremation Prospect Cemetery

18. (a) Signature of funeral director Boach and Hatchell

(b) Address Richwoods, Missouri

19. (a) 7-13-43 (Date received local registrar) (b) Boach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1 1943 to July 1943 that I last saw her alive on June 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart lesion

Due to chronic nephritis

Due to neuritis right arm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 f

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? While at work? (Specify type of place) (e) Means of injury 11

23. Signature Joseph L. Thurman (M. D. certifier)

Address Potosi, Mo. Date signed 7-11-43

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

RECEIVED

District Health Officer No. 4
District File Number 843-2513
Date Filed 8-6-43

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.....

Shirwood Fitchell

Licensed Embalmer No.

3873

P. O. Address.....

H. Clair, 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.