S. No. 2
M—5-42
r. 5-17-39
I X32873

14
1
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12478

Registration District No. 379

Primary Registration District No. 4553

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mansfield
(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 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State Missouri (b) County Wright 1

(c) City or town Mansfield 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Hannah Luella Royston

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Oct. (Month) 2 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	4	21	..... hr. ..... min.

9. Birthplace Linn Co. (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Ball 1
13. Birthplace ..... (City, town, or county) Deleware (State or foreign country)

MOTHER
14. Maiden name Georganna McFatterage
15. Birthplace ..... (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Lillie Livingston
(b) Address Mansfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloah Cemetery

18. (a) Signature of funeral director F. A. Stiffe
(b) Address Mansfield Mo

19. (a) March 1 1944 (Date received local registrar) (b) S. L. Hensley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1944 to Feb 23, 1944 that I last saw her alive on Feb 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to old and general debility	sev yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. A. Fuson (M.D. or other)

Address Mansfield Mo Date signed Feb 24-44

12 67

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 344-337
Date Filed MAR 16 1944

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.