S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12451
1864

Registration District No. 199 Primary Registration District No. 1002 Registrar's No.

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: 3309 ASKEW AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community: 60 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No.: 3309 ASKEW AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME: MRS. EOLA G MATSON ROYSTON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MR. VICTOR L. ROYSTON
6. (c) Age of husband or wife if alive: UNKNOWN years
7. Birth date of deceased: AUGUST (Month) 9 (Day) 1884 (Year)
8. AGE: Years 60 Months 8 Days 15 If less than one day hr. min.
9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business ---
MOTHER FATHER
12. Name: MATHEW M MATSON
13. Birthplace: (City, town, or county) SWEDEN (State or foreign country)
14. Maiden name: AUGUSTA JOHNSON
15. Birthplace: (City, town, or county) SWEDEN (State or foreign country)
16. (a) Informant: Victor L. Royston
(b) Address: 3309 Askew Avenue
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: APRIL 26 1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FLORAL HILLS CEMETERY
18. (a) Signature of funeral director: W. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 4-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 24TH year 1945 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 20, 1945, to April 24, 1945, that I last saw her alive on 4-24-45, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration 3 days
Due to: Generalized arteriosclerosis — years
Due to: Primary in stomach
Other conditions: — (Include pregnancy within 3 months of death)
Major findings: Of operations: — 46 B
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: [illegible] (M. D. or other)
Address: 3850 Prospect Date signed: 4-24-45

(Licensed Embalmer's Statement on Reverse Side)

810 West 57th Street Terrace

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. E. Oscar Hartley

Licensed Embalmer No. 1767

P. O. Address. Kansas City

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.