V. S. No. 2
OM—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20157

Registration District No. 73 Primary Registration District No. 5290 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 1 Kearney Fry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 4/3

(c) City or town Kansas city Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7705 Kinterwood Blvd
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Grubbs Roy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Susie M.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Aug (Month) 5 (Day) 1863 (Year)

8. AGE: Years 81 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business General Building

FATHER
12. Name Jackson Roy
13. Birthplace (City, town, or county) VA. (State or foreign country)

MOTHER
14. Maiden name Sarah Fennell
15. Birthplace (City, town, or county) VA (State or foreign country)

16. (a) Informant George T. Roy
(b) Address 3634 Forest, KC Mo

17. (a) Burrial (Burial, cremation, or removal) (b) Date thereof July 2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill K.C. Mo

18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo

19. (a) 6-29-45 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1945 hour minute 24 M.

21. I hereby certify that I attended the deceased from 1 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9 4 w

Major findings: Of operation Coroner's Case

Of autopsy

Duration

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 3

23. Signature John S Norton Coroner (M. D. or other)

Address Mo Kansas City Mo Date signed 6/29/45

926 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/4/45

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.