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

Dr. Maddox 3379

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1945

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 792

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community 2 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Hartville (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 William Earl Royster
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Essie Royster
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased Jan. (Month) 8, (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 46	8	26	hr. min.

9. Birthplace Wright County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business Farmer
FATHER
12. Name S.N. Royster
13. Birthplace UNK. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Laura Bohanon
15. Birthplace UNK. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. W.E. Royster
(b) Address Hartville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation Hartville, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 10-6-45 (Date received local registrar) (b) Wg Hawdley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1945 hour 5 minute 55a. M.
21. I hereby certify that I attended the deceased from 8-8, 1945 to 10-4, 1945; that I last saw him alive on 10-4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1) Uremia -	2 Mo
2) Pyloric obstruction -	3 "
Due to 1) Pyelonephritis	
2) Duodenal ulcer	
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 T.P. Maddox (M. D. or other) 10/5
Address Springfield, Mo. Date signed 1945

95 X (Licensed Embalmer's Statement on Reverse Side)

FEB 11 1946

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.