

S. No. 2
M-8-43
7-5-17-39
P-1 X37823

27984

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 276

Primary Registration District No. 5945

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Helps

(b) City or town St. James, Dillon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ferndale Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

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

(d) Street No. _____
(If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Ira Benjamin Royse

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1946 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from February 15/ 1946 to August 9th 1946
that I last saw him alive on July 26/ 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: 8 3 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>		<u>6</u>	hr. _____ min.

Immediate cause of death: Chronic hyperacidity 6 year

Due to General arteriosclerosis 4 year

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace Fredricksburg, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER } 12. Name Martin Royse

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

14. Maiden name Louvisia Dougherty

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

16. (a) Informant Mrs. Frank Purcell

(b) Address 922 Fulton, Ft. Wayne, Indiana

17. (a) Burial (b) Date thereof 8/11/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) Aug 11, 46 (b) Cora C. Birmingham
(Date received local registrar) (Registrar's signature)

Major findings: 932
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 0

23. Signature C. W. Hammler (M. D. _____)
Address St. James, Mo. Date signed 8-12-46

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

26860

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.

Aug-9-1946

Signed *Fred H. Gillen*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, Missouri*

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.