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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32538

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: /
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mountain Grove /
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs Jane D. Royal

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife George W. Royal

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

7. Birth date of deceased November (Month) 6 (Day) 1862 (Year)

8. AGE: Years 83 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Howell County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Larue
13. Birthplace Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant Soul Royal
(b) Address Mountain Grove Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Star Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address Mountain Grove Missouri

19. (a) 9-30-46 (Date received local registrar) (b) A. B. Ames (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24th year 1946 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 21 1946, to Sept. 24 — 1946, that I last saw her alive on Sept. 23 — 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46F

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 [illegible] (M. D. or other)
Address Mtn. Grove Mo. Date signed 9-25-46

348 (Licensed Embalmer's Statement on Reverse Side)

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

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. 3161

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.