

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40261

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 987

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:
915 N. Lexington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 915 N. Lexington Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ROSA G. ROYAL

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1946 hour 5:05 P.M. minute..... M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Jess Royal

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July 17, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 15 July 1946 to 8 Dec. 1946
that I last saw her alive on 7 Dec. 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 4 Days 21
If less than one day hr. min.

Immediate cause of death
Generalized Carcinomatosis

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

Due to Carcinoma of cervix & body of uterus

10. Usual occupation None

Due to.....

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business None

Major findings:
Of operations.....
Of autopsy.....
H&A

12. Name Newton Shinn

13. Birthplace no record Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Earl

15. Birthplace no record Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Royal

(b) Address 915 N. Lexington Ave., Springfield, Mo.

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

(c) Place: burial or cremation Other near Norwood, Mo.

18. (a) Signature of funeral director Fred G. Thiens

(b) Address Springfield, Mo.

19. (a) 12-11-46 (b) W J Handley MD
(Date received local registrar) (Registrar's signature)

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Donnell E. Smith (M. D. or Ph.D.)
Address 450 1/2 E. Commercial Date signed 8 Dec 46

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

19
2
6

39
2

6
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

111

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.....

Ralph W. Thomas

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.