

FILED DEC 30 1946
Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 405 E. Market
(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) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 405 E. Market
(If rural, give location)

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

3. (a) PRINT FULL NAME Otho Oliver Royse

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-7, 1946 to 12-14, 1946
that I last saw him alive on 12-14, 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 Married

6. (b) Name of husband or wife Flora Alice Royse 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan. 27 1861
(Month) (Day) (Year)

Immediate cause of death Cerebral Embolism

Duration 7 day

8. AGE: Years 85 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Portsmouth Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retire restaurant business

11. Industry or business _____

MOTHER FATHER

12. Name John N. Royse

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Otho Otto Royse

(b) Address 405 East Market

17. (a) Burial (b) Date thereof Dec 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W.A. Hester

(b) Address Warrensburg, Mo.

19. Dec. 17, 1946 (b) Sarah M. Pinter
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions 838
(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? _____

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

Signature R. Lee Cooper (M. D. or other) MD
Address Warrensburg, Mo. Date signed 12/14/46

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

39941

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. *4059*

P.O. Address *Holden, 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.