

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35722**

FILED NOV 29 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1250**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **Ambulance**
Enroute to Missouri Methodist Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **not** (Specify whether
In this community **30 years.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Herman L. Royal**
3. (b) If veteran, name war **World War #1**
3. (c) Social Security No. **491-09-7351**

4. Sex **Male** **5. Color or** **White**
6. (a) Single, widowed, married, **divorced** **Single**
6. (b) Name of husband or wife **6. (c) Age of husband or wife if**
alive _____ years
7. Birth date of deceased **July 10 1890**
(Month) (Day) (Year)

8. AGE: Years **58** Months **4** Days **9**
If less than one day
hr. min.

9. Birthplace **Plattsmouth Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Leader**

11. Industry or business **St. Joseph Transfer Co.**

MOTHER FATHER

12. Name **Glenn Royal**
13. Birthplace **Plattsmouth Nebraska**
(City, town, or county) (State or foreign country)
14. Maiden name **Ella Churchill**
15. Birthplace **Plattsmouth Nebraska**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. D. Royal**
(b) Address **Lincoln, Nebraska**

17. (a) Removal **(b) Date thereof** **Nov. 20, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lincoln, Nebraska**

18. (a) Signature of funeral director **Walter Meierhoffer**
(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) 11-23-48 **(b) E. G. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph** //
(If outside city or town limits, write "RURAL")
(d) Street No. **901 Charles Street** 7
(If rural, give location) 0
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **19th**
year **1948** hour **1** minute **45 P.M.**

21. I hereby certify that I attended the deceased from
Jan 5 1948 to Nov 16 1948
that I last saw him alive on **Nov 16 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis Sudden**
Duration _____

Due to _____
Due to _____

Other conditions **Arteriosclerosis**
(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) _____

23. Signature **W. R. Payne** **(b) District No.** **2**
Address **209-210 Parkview** **Date signed** **11/27/48**

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

6761 0-11-1949
1949

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 *Albert C. Harrington*

Licensed Embalmer No. *258* Missouri

P. O. Address *St. Joseph, 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.