

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 10452

Registration District No. 96

Primary Registration District No. 40 58

Registrar's No. 13

1. PLACE OF DEATH:
 (a) County. Baldwell
 (b) City or town. Hamilton
 (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 _____)
 In this community _____ (Specify whether _____)
 years, months or days 1 M A

3. (a) PRINT FULL NAME. Frank Logan Royer
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Edah Royer 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Sept 7 1866
 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Kingston, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation retired cigar Mfg.

11. Industry or business
 MOTHER FATHER { 12. Name George Royer
 18. Birthplace Piquette Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Young
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eda Royer
 (b) Address Hamilton Mo

17. (a) Highland Cemetery (b) Date thereof Mar. 31 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland

18. (a) Signature of funeral director G. P. Spughton
 (b) Address Hamilton Mo

19. (a) Mar 31 1940 (b) Merle Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Baldwell
 (c) City or town Hamilton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
 year 1940 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 16
 1940 to March 29, 1940;
 that I last saw him alive on March 29, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 2 days

Due to Suppurative Parotitis 10 days

Due to _____

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 _____

23. Signature Herbert R. Booth M.D. or other! Address Hamilton Mo Date signed 3/30/40

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

13
40

104

RECEIVED
District Health Officer No. 11,
District File Number 240-584
Date Filed APR 13 1940

FORM 2
2-12-3-14
18 1

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.....

J.P. Slaughter

Registered Apprentice No.....

working under my personal supervision.

Signed *J.P. Slaughter*.....

Licensed Embalmer No. 3854

P. O. Address Hamilton Ma

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10452

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 96

Primary Registration District No. 4058

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton
(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
In this community. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Frank Logan Royer

3. (b) If 7 years name var. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 6 22 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) If foreign born, how long in U. S. A. years.

20. DATE OF DEATH Month mar day 29 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia (Broncho)

Due Suppurative Parotitis N.D.T. M.U.M.P.S.

Due to

Other conditions (Include pregnancy within 3 months of death) 107W

Major findings: Of operations Of autopsy

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 Herbert R. Booth (M. D. or other)

Address Hamilton Date signed

SUPPLEMENTAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-10452

1940