

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32515

Registration District No. 636

Primary Registration District No. 6729

Registrar's No. 48

EXPIRES OCT 13 1940

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rural Silvermine
(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 7 (Specify whether years, months or days) Years

8. (a) PRINT FULL NAME Malinda Royer
8. (b) If veteran, name war no
8. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harmon N Royer
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased Feb 28 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name James Sumner

13. Birthplace don't know
(City, town, or county) (State or foreign country)

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

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

16. (a) Informant's own signature A. L. Royer

(b) Address Silvermine

17. (a) Burial, cremation, or removal Burial (b) Date thereof Sept 10 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Silvermine

18. (a) Signature of funeral director Ed Heeteb

(b) Address Fredericktown Mo

19. (a) Sept 10 1940 (b) S. C. Slaughter
(Date received local registrar) (Signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 9
year 1940 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 7, 1940, to Sept 7, 1940;
that I last saw her alive on Aug 7, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Bright's disease
Duration 2 yrs

Due to 121

Due to Valvular heart lesion

Other conditions (Include pregnancy within 3 months of death)

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?
48

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

23. Signature W. H. Borron (M. D. number)

Address Fredericktown Mo Date signed 9/11/40

PHYSICIAN
Underline the cause to which death should be charged statistically

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

REV. 6-17-39
FORM 1-1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Frederick Town MD

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.