

13709

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 9 1942

Registration District No. 42

Primary Registration District No. 5064

Registrar's No. 4

1. PLACE OF DEATH:

(a) County BARTON

(b) City or town RURAL, S. W. TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. #4 PITTSBURG, KANSAS.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 50 YEARS

3. (a) PRINT FULL NAME WILLIAM E. ROYER.

8. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MINNIE M. ROYER

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased SEPTEMBER, 27, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>7</u>	hr. min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN ROYER

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

14. Maiden name REBECCA J. McCALISTER.

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

16. (a) Informant's own signature Minnie M Royer

(b) Address R.F.D. # 4, PITTSBURG, KANSAS

17. (a) BURIAL (b) Date thereof MAR. 6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONMOUTH, KANSAS

18. (a) Signature of funeral director Allen Hancy

(b) Address 114. West 6th, Pittsburg, Kd

19. (a) Mar 10/42 (b) Geo. J. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BARTON

(c) City or town RURAL, S.W. TOWNSHIP
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 4, PITTSBURG, KANSAS
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 4
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 1, 1942 to March 4, 1942; that I last saw him alive on March 3, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Aspiration, fall injury.

Due to Aspiration, fall injury, infection of malignancy

Other conditions lip
(Include pregnancy within 9 months of death)

Major findings: Of operations _____

Of autopsy 45a

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)

23. Signature James A. Allen (M. D. or other) D

Address Pittsburg, Mo Date signed 3/5/42

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

Rev. 5-17-39
1 x 11

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.....

Allen Yancey

Licensed Embalmer No. *3482*

P. O. Address *Pittsburg, Kansas*

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.