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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 9

74
2-1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Madawaski

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

(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 3 days
(Specify whether in this community _____ yrs., months or days) Most all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawaski

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

(d) Street No. 11.5 West 7th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Alfred Royston

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1943 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1943 to Jan 23, 1943 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 1m

6. (b) Name of husband or wife Maggie Marie Royston 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: March 29 1853
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis
Heart of Atherosclerosis
Senility

Duration _____

Due to _____

Other conditions: 93d
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>9</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Grocery Clerk

11. Industry or business _____

12. Name Richard Royston

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

14. Maiden name Mary Rogert

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

16. (a) Informant Francis Royston

(b) Address Conception got - On

17. (a) Burial (b) Date thereof 1-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Marionville Mo

19. (a) 1-25-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

23. Signature W. R. Jackson (M. D. or other) _____
Address Marionville, Mo Date signed 1-25-43

AUG 1 1947

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..... *William Campbell*.....

Licensed Embalmer No. *2620*.....

P. O. Address..... *Maryville 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.