

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36684**
Registrar's No. **931**

Registration District No. **128** Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution:
1444 E. Grand
(d) Length of stay: **In hospital or institution**
Several years

3. (a) PRINT FULL NAME **ROY ROYER**
3. (b) If veteran, name war _____ 3. (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 **Julia M. Royer** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 18, 1880**

8. AGE: Years **66** Months **5** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Davenport, Iowa**
10. Usual occupation **Ret'd R.R. Mail Clerk**

11. Industry or business **Government**
12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant **Julia M Royer (wife)**
(b) Address **1444 E. Grand Springfield, Mo.**
17. (a) **Burial** (b) Date thereof **11-23-44**
(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**
(b) Address **Springfield, Missouri**
19. (a) **11/23/46** (b) **W E Handley M D**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **1444 E. Grand**
(e) Citizen of foreign country? _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **29**
year **1946** hour **11:15 P.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **Nov 29**
that I last saw him alive on **Nov 29**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis**
Due to **arterial hypertension**

Other conditions _____
Major findings: **S3A**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature **W E Handley M D** (M. D. or other) _____
Address **Springfield Mo** Date signed **11/23/46**

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

MOTHER FATHER

111

(Licensed Embalmer's Statement on Reverse Side)

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.....

L. A. Roof

Licensed Embalmer No..... 3044

P. O. Address..... Springfield, Missouri

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.