

No. 2
4-13-40
5-17-39
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RECEIVED JAN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43648

State File No. _____

Registration District No. 944

Primary Registration District No. 3035

Registrar's No. 117

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Twenty two Yrs. years, months or days 2

3. (a) PRINT FULL NAME Charles Hamnett Royle

3. (b) If veteran, name war _____ 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 Mrs. Lillian Simme Royle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 14 1858
(Month) (Day) (Year)

| | | | | |
|---------|-----------------|-----------------|----------------|--|
| 8. AGE: | Years <u>82</u> | Months <u>8</u> | Days <u>29</u> | If less than one day hr. _____ min. |
|---------|-----------------|-----------------|----------------|--|

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

10. Usual occupation Book Keeper

11. Industry or business Mining Co.

MOTHER FATHER { 12. Name Milton F. Royle

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

14. Maiden name Fannie E. Royle (Shotwell)

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

16. (a) Informant Mrs. Bhas. Royle
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Dec. 15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director J. B. Brothers
(b) Address Richmond Mo.

19. (a) Dec. 14-40 (b) M. A. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

(c) City or town Richmond
(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 Dec day 13
year 1940 hour 2 minute 0 A. M.

21. I hereby certify that I attended the deceased from Sept 1940 to Dec 23, 1940
that I last saw him alive on Dec 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? 965
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. D. Gandy (M. D. or other) _____
Address Richmond Mo Date signed Dec 14 1940

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-6-41

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.B. Brothers

....., Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed *J.B. Brothers*

Licensed Embalmer No. 2001

P. O. Address Richmond 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.