

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24816

State File No. _____

Registrar's No. _____

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin
(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 _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Sharon Kay Runnels

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 1 hr. min.

9. Birthplace Gallatin, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name George W. Runnels

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

14. Maiden name Ruth Marie Beaman

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

16. (a) Informant George W. Runnels
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 8-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director Hope Furn. & Undt.

(b) Address Gallatin, Mo.

19. (a) 8-2-1943 (b) H. O. Dickerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July 1, 1943, to July 30, 1943, that I last saw her alive on July 29, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death acute cholea, Tumor behind right eye.

Due to _____

Due to _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature H. O. Dickerson (M. D. or other) 28

Address Gallatin, Mo. Date signed 8/2/43

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. O. Dickerson
Licensed Embalmer No. 3392

P. O. Address Gallatin, 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.