

S. No. 2
M-2-43
5-17-39
X35897

24816

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 12 1943

4165

Registrar's No. 82

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 _____ (Specify whether)

years, months or days)

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 _____

3. (a) PRINT FULL NAME Sharon Kay Runnels

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

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

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)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

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

Duration _____

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

Due to _____

Due to _____

10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER {

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)

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

(b) Address _____

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

(c) Place: burial or cremation Masonic Cemetery

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? _____

18. (a) Signature of funeral director Hope Furn. & Undt. Co.
Gallatin, Mo.

(b) Address _____

19. (a) 8-2-1943 (Date received from registrar)

(b) H. O. Dickerson (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature H. W. Bailey (M.D. or other) _____
Gallatin, Mo. Date signed 8/2/43

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

31/0

31/0

1084

(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. O. Pichessou
.....
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.