N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JUN 22 1938

18740
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis — Registration District No. 479
(b) Township LaBelle — Primary Registration District No. ~~4288~~ 5683A — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Henry Runquist 5.2
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nanna Katherine Runquist
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23 1861
7. AGE: YEARS 77 | MONTHS 2 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

FATHER
13. NAME: James Franklin Runquist
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Mary Ellen Trainman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Mrs. W. H. Runquist LaBelle Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE LaBelle Cemetery DATE June 1 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): James T. Cooler & Son LaBelle Mo.
20. FILED 5/30 1938 J. L. Bowen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1937, to May 30, 1938
I last saw him alive on May 30, 1938. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:
Cancer of the Pancreas — Date of onset: 4 mo / 1 mo
46
Other contributory causes of importance: ✓
Name of operation ✓ Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. H. Pillard, M. D.
(Address) LaBelle Mo.

(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, William Coder, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address LaBelle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.