

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

1330  
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Deer Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 4300 Campbell Registered No. 343  
 (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 Miss Anna Mary Runcie  
 (a) Residence, No. 4300 Campbell St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1868

7. AGE YEARS 70 MONTHS 9 DAYS 8 If LESS than 1 day, .....hrs. or .....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Branch, Indiana

FATHER  
 13. NAME John Wm Runcie  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER  
 15. MAIDEN NAME Mary Angeline Whiting  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Millard R. Hopkins  
 (ADDRESS) 4300 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 27 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. H. Newcomer, Sons, Brush Creek + Passes

20. FILED Jan 26, 1939 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1939

22. I HEREBY CERTIFY, that I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
chronic myocarditis  
Auricular Fibrillation  
 Date of onset

Other contributory causes of importance: 9:30  
High Blood Pressure  
Arteriosclerosis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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?  
 If so, specify Mary Lower M. D.  
 (Signed) Mary Lower  
 (Address) 4116 Walnut City

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.

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**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No.....

*4070*

P. O. Address.....

*Kansas City,*

**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, above space should be left blank.**