

APR 19 1939

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

10610
Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 218
(b) Township BOONVILLE Primary Registration District No. 5298
(c) City or 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 MRS. LAURA RUNKLE

(a) Residence, No. RFD 4 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) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm F. RUNKLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 25 - 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INVALID
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) 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME WILLIAM CARTNER
14. BIRTHPLACE (CITY OR TOWN) ENGLAND
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME KIZARRA ROBINSON
16. BIRTHPLACE (CITY OR TOWN) INDIANA
(STATE OR COUNTRY)

17. INFORMANT Mrs. J.E. DRENNAN
(ADDRESS) BOONVILLE, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE MARCH 10 1939

19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG
(ADDRESS) BOONVILLE MO.

20. FILED Mar 9 1939 D. Hooper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 7 1939
22. I HEREBY CERTIFY, That I attended deceased from March 5, 1939, to 3-7, 1939
I last saw her alive on March 5, 1939 Death is said to have occurred on the date stated above, at 11:30pm
The principal cause of death and related causes of importance were as follows:

Apoplexy
82 yr

Date of onset

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. L. Evans M. D.
(Address) Boonville, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X10605

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/17/39

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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, above space should be left blank.