

**JUN 17 1940**

1002

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **1881**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 810 West 26th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 32 Yrs.  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits write "RURAL")  
(d) Street No. 810 West 26th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4  
year 1940 hour 7 minute 2 M.  
21. I hereby certify that I attended the deceased from Mar 25  
1940 to May 2, 1940  
that I last saw him alive on May 2, 1940  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME ALBERT T. RUNIONS 552  
8. (b) If veteran, name war N 3. (c) Social Security No. 496-16-5420

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hannah Runions 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased July 17, 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fedville, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W P A

MOTHER FATHER  
12. Name Thomas Runions  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Fletcher  
15. Birthplace Baldven Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hannah Runions  
(b) Address 810 W. 26th Street

17. (a) Burial (b) Date thereof 5/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Quirk & Fisher Co  
(b) Address Hannas City, Missouri

19. (a) May 5, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Immediate cause of death see diagnosis  
with pulmonary congestion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions see diagnosis  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Albert T. Runions (M. D. or other)  
Address 919 Ricardo Bldg Date signed May 4

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

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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

*Harold Perry*

Licensed Embalmer No. *4097*

P. O. Address *K.C. 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.**