

3-40
-39
123159

1940 OCT 11 1940
Registration District No. 2399

Primary Registration District No. 1002

Registrar's No. 3449

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:
4146 Mercier
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mose Ellis Runyon

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Rose Runyon

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 31 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>1</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Frisco Engineer

11. Industry or business Retired 11 years

12. Name Runyon

13. Birthplace Illinois?
(City, town, or county) (State or foreign country)

14. Maiden name Sarah

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Rose Runyon

(b) Address 4146 Mercier

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 9-3-40
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) Sept 3, 1940 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

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. 4146 Mercier
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day Sept
year 1940 hour 12:45 minute 0 M.

21. I hereby certify that I attended the deceased from Jan. 15
1940, to Sept 1, 1940
that I last saw him alive on Sept 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension & Atherosclerosis

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations wound 92C

Of autopsy no

Duration 10 min

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 T

23. Signature J. W. Cravens, M.D. (M. D. or other)

Address 3706 Broadway, K. C. Mo. Date signed 9/2-40

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

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 *D. Ross Blanford*

Licensed Embalmer No. *41015*

P. O. Address *4148 State Ln*

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

If this body is not embalmed, fact should be so stated above.