FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2118

Registration District No. 135 Primary Registration District No. 3010 Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Benson Hospital (South Side Hospital) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution a few hours (Specify whether years, months or days)
In this community Hospital in Carrollton

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Carroll 17
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R R 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Floyd Edgar Runyan
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 Marie Runyan 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased June (Month) 24 (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	6	24	..... hr. ..... min.

9. Birthplace Gentry Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Shepard Smith Runyan
13. Birthplace Gentry Co (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Laura Trace
15. Birthplace Harrison Co (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Robert Runyan
(b) Address Norborne, Mo RR1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director [illegible]
(b) Address Norborne, Mo.
19. (a) 1-21-1941 (Date received local registrar) (b) Ruth Haskins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th year 1941 hour 12 minute 30 a.M.
21. I hereby certify that I attended the deceased from Jan 19 - 41, 19..., to Jan 19, 1941; that I last saw him alive on Jan 19 41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Diabetes Coma	
Due to	
Diabetes Mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death) 61	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work (e) Means of injury
23. Signature J. M. Benson (M. D. or other) D
Address Carrollton Mo Date signed 1-21-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 2-5-41
Date Filed

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 me W. T. Strauss, Registered Apprentice No. 2406 working under my personal supervision.

Signed W. T. Strauss

Licensed Embalmer No. 2406

P. O. Address Norborne Mo

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.