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-39
123199

Registration District No. 597

Primary Registration District No. 5792

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural - Moreau town
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Moreau tw
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME ELLENOR E. RUNYAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Runyan 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: JAN 4 - 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>3</u>	<u>18</u>	hr. _____ min.

9. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Geo. W. ORVAN

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

14. Maiden name MARGARET SANDERS

15. Birthplace Kenn
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Runyan

(b) Address Burnett, Missouri

17. (a) Burial (b) Date thereof Apr 27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Rock Cemetery

18. (a) Signature of funeral director W. J. Kidwell

(b) Address Verailles, Missouri

19. (a) 4-25-1941 (b) H. E. Culliam
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 23, 1940 to April 22, 1941;
that I last saw him alive on Apr 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of descending colon

Due to unknown

Due to 46%

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Carcinoma
Of operations

Of autopsy none

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 A. J. Gunn (M. D. or other) _____
Address Verailles Mo Date signed 4-23-41

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: Gene Dautman

Licensed Embalmer No. 4021

P. O. Address Versailles, 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, fact should be so stated above.