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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37590

State File No. _____

Registration District No. _____

Primary Registration District No. 3044

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(c) Name of hospital or institution: Eldon Hospital
(d) Length of stay: In hospital or institution 4 1/2 hrs.
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan
(c) City or town Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? 1 years

3. (a) PRINT FULL NAME Ivy Lavois Runyan
3. (b) If veteran, name war None
3. (c) Social Security No. 491-14-3202

20. DATE OF DEATH: Month Nov day 27
year 1942 hour 4 minute 45 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married. 1 divorced Married
6. (b) Name of husband or wife Barcie Runyan
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased May 25 1914

21. I hereby certify that I attended the deceased from 11/27/42
that I last saw him alive on 11/27 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 6 Days 2
If less than one day hr. min.

Immediate cause of death: Shock - due to injuries received with P.P. Debris
Due to _____
Due to _____

9. Birthplace Morgan Co. Mo.
10. Usual occupation Farming
11. Industry or business Farm

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

MOTHER FATHER { 12. Name Joseph L. Runyan
13. Birthplace Morgan Co. Mo.
14. Maiden name Ellen Orwin
15. Birthplace Miller Co. Mo.

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Barcie Runyan
(b) Address Barnett Mo.
(c) Place: burial or cremation Big Rock

22. If death was due to external causes, fill in the following: 871 ✓
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Signature of funeral director [Signature]
(b) Address Eldon Mo.
19. (a) [Signature] (b) [Signature]

23. Signature [Signature] (M. D. or other) _____
Address Eldon Mo. Date signed 11/29/42

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

But

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Miller County Health Dep't.

County File Number

42-98

Date Filed

12/7/42

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

Keith M. Hays

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.

STANDARD CERTIFICATE OF DEATH

State File No. 37590

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Eldon Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jay Louis Remyan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov year 1942 day _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
alive _____ years
7. Birth date of deceased May 25 1914
(Month) (Day) (Year)

Immediate cause of death Shock. Dual auto collision with R.R. Engine Duration _____

8. AGE: Years 28 Months 1 Days 20 If less than one day _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1700

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 11/27/42
(c) Where did injury occur? Burnett Morgan mo
(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 Hordalmer D (M. D. or other) _____

Address Eldon mo Date signed _____

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

SUPPLEMENTARY

