

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

1. PLACE OF DEATH:
 (a) County Morgan Co.
 (b) City or town BARNETT
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6 MI. S. Barnett, Mo. 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life time
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. 6 mi S. Barnett Mo
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Nelle Lorraine Runyan

MEDICAL CERTIFICATION

3. (b) If veteran, name war NONE 3. (c) Social Security No. 489-20-208

20. DATE OF DEATH: Month Nov day 27
 year 1942 hour 12 minute 30 P.M.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Joseph Marilyn Runyan 6. (c) Age of husband or wife if alive 20 years
 7. Birth date of deceased APRIL 29 1925
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>6</u>	<u>28</u>	- hr. - min.

Immediate cause of death Accident: Rock Island train hit automobile in which she was riding
 Due to _____
 Due to _____

9. Birthplace MILLER Co. Mo. 0
(City, town, or county) (State or foreign country)

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

10. Usual occupation Laborer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name John Maher

13. Birthplace Miller Co Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Ritter

15. Birthplace Condon Co Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Maher

(b) Address Barnett Mo.

17. (a) Burial (b) Date thereof Nov 30 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Rock Cem

18. (a) Signature of funeral director Eldon May

(b) Address Eldon May

19. (a) 11-30-1942 (b) Ray Berntresser
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) ACCIDENT 071
 (b) Date of occurrence NOV-27-1942
 (c) Where did injury occur? BARNETT-MORGAN, MO.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? PUBLIC-PLACE-RAILROAD CROSSING
(Specify type of place)
 While at work? NO (b) Means of injury _____
 23. Signature J. C. Bruchman
(Mr. Doctor)
 Address Willsallia Mo Date signed 11-30-42

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

DEC 17 1954

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DEC 18 1954

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1292
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. Fayal
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.