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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 227 — Primary Registration District No. 4061 — Registrar's No. 45

300

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

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Braymer, (If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days) In this community: 21days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Carroll 17
(c) City or town: Norbourne, Fairfield twn. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Robert Clarence Runyan
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.: —
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Clara F. Runyan
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: Aug. (Month) 17th (Day) 1890 (Year)

8. AGE: Years 54 | Months 1 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace: Rhodes (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Shepherd Runyan
FATHER 13. Birthplace: Gentry Co. (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name: Laura J. Grace
MOTHER 15. Birthplace: Richmond, (City, town, or county) Missouri. 0 (State or foreign country)
16. (a) Informant: Mrs Rob't Runyan
(b) Address: Braymer, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/26/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cem.
18. (a) Signature of funeral director: Bernard F. Mead
(b) Address: Braymer, Missouri
19. (a) 9-23-44 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 23 year: 1944 hour: 1 minute: 0 a. M.
21. I hereby certify that I attended the deceased from JAN 12 1944 to SAPT 23 1944 that I last saw him alive on SEPT 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBERAL HEMORRHAGE — Duration: 5HRS.
Due to: DIABETES MELLITUS — 5YRS
Due to:
Other conditions (Include pregnancy within 3 months of death): C L Woolsey MD
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: C. L. Woolsey (M. D. or other) MD
Address: Braymer Mo Date signed: 9/23/44

1151 (Licensed Embalmer's Statement on Reverse Side)

OCT 17 1944

DEC 27 1944

OCT 10 1944

OCT 5 1944

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: Bernard J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.