

No. 2
-12-45
5-17-39
X47070

State File No. _____

FILED JAN 23 1947
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3104 Paseo /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 1 mo. 27 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____, and that death occurred on the _____ date and he _____ stated alive.

Immediate cause of death Deputy Coroner
Bronchopneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy History & Inspection

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) _____ (Specify type of injury) _____

23. Signature A. E. Usher (M. D. or other) _____
Address 2800 Main Date signed 1/18/47

3. (a) PRINT FULL NAME Robert Raymond RUNKER

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 9, 1946
(Month) (Day) (Year)

| | | | | |
|---------|----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>0</u> | <u>1</u> | <u>27</u> | _____ hr. _____ min. |

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Andrew Runker

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

14. Maiden name Catherine E. Runker

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

16. (a) Informant Mrs. Mary Runker

(b) Address Moody, Missouri

17. (a) Burial (b) Date thereof 1-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 1-9-47 (b) M. Thelma Holmes
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Dean Cole, Registered Apprentice No. 408
working under my personal supervision.

Signed.....

J. H. Ryan
Licensed Embalmer No. 2999

P. O. Address..... KC

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.