

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 Crowder Road
(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 Mo (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 210 Crowder Road
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY OLIVE RUNK
3. (b) If veteran, name war _____
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8
year 1947 hour 5:00 minute A M.
21. I hereby certify that I attended the deceased from Apr 7
1947 to Apr 8 1947
that I last saw him alive on Apr 7 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Runk
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 11 1863
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerosis
Duration 2 days
Due to _____

8. AGE: Years 83 Months 9 Days 27
If less than one day _____ hr. _____ min.
9. Birthplace Grundy County Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations gast
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Homemaker
11. Industry or business Home
12. Name Christian Baker
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Decrest
15. Birthplace _____
(City, town, or county) (State or foreign country)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. A. Duffly (M. D. or other) _____
Address Trenton Mo Date signed Apr 9 1947

16. (a) Informant Phena Baker
(b) Address Trenton Mo
17. (a) burial (b) Date thereof April 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Meigs Grove, Trenton Mo
18. (a) Signature of funeral director Raymond A. Dean
(b) Address Trenton Mo
19. (a) 4/9/47 (b) Gene Day
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Walter E. May

Registered Apprentice No. *458*

working under my personal supervision.

Signed

Raymond W. Davis

Licensed Embalmer No. *3424*

P. O. Address *Creighton, 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.