

No. 2  
-1/47  
-17/39

National Office of Vital Statistics

FILED OCT 16 1947

Registrar's No. **27**

Registration District No. **104**

Primary Registration District No. **5424**

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

1. PLACE OF DEATH:

(a) County **Bunklin Rural**

(b) City or town **Campbell Union Twp.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**  
(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** \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bunklin** **35**

(c) City or town **Campbell Rural** **3000**  
(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 **Aretta Runnels**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **female** race **white**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **George Runnels**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **October 3 1895**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>51</b>	<b>11</b>	<b>29</b>	_____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Mallie Lee** **9**

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

14. Maiden name **Martha Mann**

15. Birthplace **unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Runnels**

(b) Address **Campbell, Mo. R. 3**

17. (a) **Burial** (b) Date thereof **10-5-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elder**

18. (a) Signature of funeral director **Landess Funeral Home**

(b) Address **Campbell, Mo.**

19. (a) **10/8/47** (b) **Mrs. Beulah Campbell**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **2nd**  
year **1947** hour \_\_\_\_\_ minute **1:40 P.M.**

21. I hereby certify that I attended the deceased from **573**, 19**47**, to **9/22**, 19**47**  
that I last saw her alive on **9/22**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebro-Vascular accident - left, then right hemiplegia** **24760**

Due to **Hypertensive cardio-vascular disease** **7**

Due to \_\_\_\_\_

Other conditions **Carcinoma of right breast** **5met**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: **30**

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 **0**

23. Signature **Wallace A. Selvey** (M. D. or other) **MD**

Address **Campbell Mo.** Date signed **10/6/47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1047-1345-

Date Filed 10-15-42

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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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Ma

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.