No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5057

Primary Registration District No. 1002

Registrar's No. 910

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:
4900 East 22nd. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 ½ Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Marion 999

(c) City or town Indianapolis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 747 Woodlawn 0
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME MYRTLE W. RUNYON

3. (b) If veteran, name war ***NO***

3. (c) Social Security No. 317-24-1090

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Howard A. Runyon

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

7. Birth date of deceased December (Month) 29 (Day) 1883 (Year)

8. AGE: Years 64 ~~54~~ Months 1 Days 28 If less than one day hr. min.

9. Birthplace Seymour (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name C. L. D. Wilson
13. Birthplace Jackson County (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Elizabeth Everett
15. Birthplace Scott County (City, town, or county) Indiana (State or foreign country)

16. (a) Informant George H. Wilson (Brother)

(b) Address 4900 East 22nd. Street K.C.Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 1st 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis, Indiana

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918-20 Brooklyn, K.C.Mo.

19. (a) 2-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 11 [illegible] 1947 to Feb 27 1948 that I last saw her alive on Feb. 25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure (myocardites)

Due to

Due to

Other conditions Cancer, Lower intestine
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No 40

Duration

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 James T. [illegible] (M. D. or other)

Address 410 Bryant Bldg Date signed 2/27/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. James T. Ferguson

Bryant Bldg.

Dr. 1330

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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

KC. 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.