| | V | S MAR 2 | 4 196 | لا ₂ | <i>a</i> | | 27 | っくる | Registrar's No | a 8 | | STATE F | ILE NUM | BER |
|------------|--|--|--|---|--|--|-----------------------------|----------|---|---|---------------------|-----------------------------|----------------------------------|---|
| 1. | - Keç | gistration Distr | ict No | 20 | 7 | iary Registration | District No.2.2 | ر¥ر | Kegistrar's No | ·=7 | | | | - |
| -[] | 1. | PLACE OF DE | :ATH | | | | | 2 | 2. USUAL RESIDE | • | | d. If instit | tution: R | sidence b |
| ı, | | a. COUNTY | | Marion | | | | | | souri b. | COUNTY | Marior | 1 . | admission |
| 1 | | | utside cor | porate limits | s, give TOWNS | iHIP only) | Length of stay i | n lb | c. CITY OR | | | | | Inside Lin |
| I. | | TOWN | | Hannib | | | | | | anni bal | | | | Y•• 및 ™ |
| Т | | c. FULL NAW HOSPITAL | E OF (IF I | NOT in hosp | ital, give locat | ion) | Inside Lin | mits | d. STREET ADDRESS | (| If cutside, (| give location | 1) | Reside on |
| I. | | INSTITUTI | DN N | D O A | Leveri | ng Hospi | tal Yes 🕏 N | ŀ• □ | | 00 Pari | s | <u> </u> | 1 | Yes N |
| • | 3. | NAME OF D | | | First | - | Middle | | Last | 4. DATE OF | Mor | nth | Day | Yea |
| ı | | (Type or prin | r) | ANDRE | ₹W. | | CLARENCE | R | UNGE | DEATH | Marc | h 16,1 | 960 | |
| 1 | 5. | SEX | | 6. COLOR | | 7. Married [| | | DATE OF BIRTH | 9. AGE (le | st birthday) | IF UNDER | 1 YEAR | IF UNDER |
| ı | Ma | ale | | White | | Widowed [| | od 🗖 📗 | February | 17 1898 | 62 | Months | Day: | Hours |
| 1 | 10a. | . USUAL OCCI | | (Give kind o | of work done | 10b. KIND OF | BUSINESS OR INC | | 11. BIRTHPLACE | | | 12. CITIZ | | HAT COUN |
| ı | M | during most inister | of workin | g life, even | if retired) | | | | Koenig | Missour | . | โบธ | A | |
| 1 | | . FATHER'S NA | | | | 13b. M | OTHER'S MAIDEN | NAME | 120 6 | | NAME OF H | | | |
| ı | | Joseph | Johr | Runge | 3 | | MMagdal (| en eG1 | ech | | Astri | d Glid | iden | |
| 1 | 15. | | | | MED FORCES? | 16. 50 | OCIAL SECURITY | | | k | | Address | | |
| ı | (Yes | s, no, or unkn | own) [(If | yes, give wa | er or dates of | | 97 40 533 | 70 | Mrs.A.C. | Dames W | anniha | 1 M4 ac | terror | |
| 1 | | 18. CAUSE C | F DEATH | (Enter only | one cause per | line for (a), (b), | | <u> </u> | MTS.A.U. | Vinike u | amino | T MITS | INTE | RVAL BETV |
| | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Landia Standard IMMEDIATE CAUSE (a) | | | | | | | | | | I ON | | | |
|) [| | | Condition | IMMEDIA | ATE CAUSE (a) | _ Ca | | Sta | ing the | sion | | | ON. | ET AND DI |
|) [| | | Condition which ga above containing the | IMMED1/ | ATE CAUSE (a) | Con | | Sta | nd still | siss | | | ON. | ET AND DI |
| | IION | | Condition which ga above costating to lying care | IMMEDIA ns, if any, over rise to ause (a), he under- suse last. | DUE TO (6 | Con | chéac : | | but not related to | | PART | | eased w | ras female y in last 9 |
| | ICATION | | Condition which ga above costating to lying care | IMMEDIA ns, if any, over rise to ause (a), he under- suse last. | DUE TO (6) DUE TO (6) DUE TO (6) GNIFICANT CO | Con | chéac : | | J | | PART | | eased w | ras female y in last 9 |
| | KiriCATION | 19. WAS AU | Condition which ga above containing the lying ca PART II. | IMMEDIA ns, if any, ive rise to ause (a), he under- use last. OTHER SIG disease cor 20s. ACCIDE | DUE TO (6 DUE TO (6 DUE TO (6 GNIFICANT Condition given i | c) | onany intributing to | DEATH I | J | o the terminal | | there a | eased w | ras female y in last 9 |
| | CERTIF | 19. WAS AU PERFORM | Condition which gas above to stating to stating to lying ca | IMMEDIA ns, if any, ive rise to ause (a), he under- iuse last. OTHER SIG disease cor | DUE TO (6 DUE TO (6 GNIFICANT Condition given i | c) | onany intributing to | DEATH I | but not related to | o the terminal | | there a | eased w | ras female y in last 9 |
| | CERTIF | 20c. TIME OF | Condition which ga above c stating thying ca PART II. | IMMEDIA ns, if any, live rise to ause (a), the under- luse last. OTHER SIG disease cor | DUE TO (6 DUE TO (6 DUE TO (6 GNIFICANT Condition given i | c) | onany intributing to | DEATH I | but not related to | o the terminal | | there a | eased w | ras female y in last 9 |
| | CERTIF | . YES 🔲 I | Condition which ga above c stating it lying ca PART II. | IMMEDIA ns, if any, live rise to ause (a), the under- luse last. OTHER SIG disease cor | DUE TO (b DUE TO (c GNIFICANT Condition given i | c) | onany intributing to | DEATH I | but not related to | o the terminal | | there a | eased w | ras female y in last 9 |
| | MEDICAL CERTIF | 20c. TIME OF | Condition which ga above constaining it lying ca PART II. | IMMEDIA ns, if any, live rise to ause (a), the under- lose last. OTHER SIG disease cor 20a. ACCIDE Month, I | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year | ONDITIONS CO | NTRIBUTING TO 20b. DESCRIB | DEATH I | but not related to | the terminal Continue to the terminal to the | | there a | eased w | ras female y in last 9 |
| | MEDICAL CERTIF | 20c. TIME OF | Condition which gasbove control of the control of t | IMMEDIA ns, if any, live rise to ause (a), the under- lose last. OTHER SIG disease cor 20a. ACCIDE Month, I | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year | ONDITIONS CO | 20b. DESCRIB | DEATH I | but not related to | o the terminal O. (Enter nature | of injury in | there a | eased w | ras femalo y in last 9 Urf fitem 18.) |
| | MEDICAL CERTIF | 20c. TIME OF INJURY 20d. INJURY WHILE A NOT WE | Condition which ga above c stating it lying as PART II. TOPSY LED? Hour amplitudes a stating it lying as part in lying as part in lying as part in lying above a manufacture and in lying a stating above a manufacture and in lying a manufacture and in lying above a manufacture and in lying above a manufacture and in lying a manufacture and in lyin | IMMEDIA ns, if any, ive rise to ause (a), the under- nuse last. OTHER SIG disease cor 20s. ACCIDE Month, if | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year 20e. PLACE farm, f | ONDITIONS CON PART I (a) OF INJURY (e.g. actory, street, of | 20b. DESCRIB | DEATH I | but not related to | o the terminal O. (Enter nature | of injury in | there a | pregnenc | as female y in last 9 Ur f item 18.) |
| | MEDICAL CERTIF | 20c. TIME OF INJURY 20d. INJURY WHILE A NOT WH | Condition which ga above c stating it lying ca PART II. TOPSY LED? Hour a.m. p.m. OCCURRE IT WORK IIILE AT W | IMMEDIA ns, if any, live rise to ause (a), the under- lose last. OTHER SIG disease cor 20a. ACCIDE Month, I | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year 20e. PLACE form, f | ONDITIONS CON PART I (a) OF INJURY (e.g. actory, street, of | NTRIBUTING TO 20b. DESCRIB | DEATH I | INJURY OCCURRED CITY, TOWN, O | the terminal C. (Enter nature R. LOCATION d last saw her | of injury in | there a yes | pregnance N. PART II o | as females y in last 9 Ur f item 18.) |
| | MEDICAL CERTIF | 20d. TIME OF INJURY 20d. INJURY WHILE A NOT WH 21. I attenda Death oc | Condition which ga above contained the part of the par | IMMEDIA ns, if any, ive rise to ause (a), the under- nuse last. OTHER SIG disease cor 20s. ACCIDE Month, if | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year 20e. PLACE farm, f | ONDITIONS CON PART I (a) E HOMICIDE OF INJURY (e.g. actory, street, of | NTRIBUTING TO 20b. DESCRIB | DEATH I | but not related to | the terminal C. (Enter nature R. LOCATION d last saw her | of injury in | there a yes | pregnance N. PART II o | sas female y in last 9 Ur f item 18.) |
| | MEDICAL CERTIF | 20c. TIME OF INJURY 20d. INJURY WHILE A NOT WH 21. I attenda Death oc 22a. SIGNATU | Condition which ga above contained the part of the par | IMMEDIA ns, if any, ive rise to ause (a), he under- use last. OTHER SIG disease cor 20a. ACCIDE Month, i | DUE TO (but to (c) DUE TO (c) DUE TO (c) GNIFICANT Condition given in the condition given give | ONDITIONS CO PART I (a) E HOMICIDE OF INJURY (e.g. actory, street, of | NTRIBUTING TO 20b. DESCRIB | DEATH I | INJURY OCCURRED CITY, TOWN, O | the terminal C. (Enter nature R. LOCATION d last saw her | of injury in | there a yes | pregnance N. PART II o | sas female y in last 9 Ur fitem 18.) STA |
| | MEDICAL CERTIF | 20c. TIME OF INJURY 20d. INJURY WHILE A NOT WH 21. I attende Death oc | Condition which ga above contained the part of the par | IMMEDIA ns, if any, live rise to ause (a), the under- lose last. OTHER SIG disease cor 20a. ACCIDE Month, I | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year 20e. PLACE farm, f //3- P (Deg | ONDITIONS CON PART I (a) OF INJURY (e.gractory, street, of | 20b. DESCRIB | DEATH II | INJURY OCCURRED OCCURRED | C. (Enter nature R. LOCATION d last saw her him and to the best | of injury in | COUNTY COUNTY | pregnence N. PART II o | sa female y in last 9 Ur of item 18.) STA |
| | MEDICAL CERTIF | 20c. TIME OF INJURY 20d. INJURY WHILE A NOT WHILE A NOT WHILE A NOT WHILE A NOT WHILE A SIGNATURE A SI | Condition which ga above continued to stating the property of | IMMEDIA ns, if any, ive rise to ause (a), he under- use last. OTHER SIG disease cor 20a. ACCIDE Month, i | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year 20e. PLACE farm, f //3- P (Deg | ONDITIONS CON PART I (a) OF INJURY (e.g. actory, street, of the part in the p | 20b. DESCRIB | DEATH II | Dut not related to | C LOCATION d last saw her him and to the best | of injury in | COUNTY COUNTY O MA | pregnence N. PART II o | sas female y in last 9 Ur fitem 18.) STA |
| | WEDICAL CERTIF | 20c. TIME OF INJURY 20d. INJURY 20d. INJURY WHILE A NOT WH 21. I attende Death oc 22a. SIGNATU BURIAL, CRE REMOVAL (SIMOVAL) | Condition which ga above continued above continued and above continued above c | IMMEDIA ns, if any, ive rise to ause (a), the under- nuse last. OTHER SIG disease cor 20s. ACCIDE Month, I | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year 20e. PLACE farm, f /15- P (Deg | ONDITIONS CO PART I (a) OF INJURY (e.g. actory, street, of the part in the pa | 20b. DESCRIB | DEATH I | Dut not related to | c) the terminal D) (Enter nature R LOCATION d last saw her him and to the best 23d, LOCATION ttawa | alive on of my know | COUNTY O M A wledge, from | pregnence N. PART II o | sa female y in last 9 Ur of item 18.) STA |
| | WEDICAL CERTIF | 20d. TIME OF INJURY 20d. INJURY 20d. INJURY WHILE A NOT WH 21. I attended Death oc. 22a. SIGNATU BURIAL, CRE REMOVAL IS: MOV & L. FUNERAL DIL | Condition which gas above continued to the part of the | IMMEDIA ns, if any, ive rise to ause (a), the under- nuse last. OTHER SIG disease cor 20s. ACCIDE Month, I | DUE TO (b DUE TO (c GNIFICANT Condition given i ENT SUICIDI Day, Year 20e. PLACE farm, f //35- 2. P | ONDITIONS CON PART I (a) OF INJURY (e.g. actory, street, of the part in the p | 20b. DESCRIB | DEATH I | Dut not related to | c) the terminal D) (Enter nature R LOCATION d last saw her him and to the best 23d, LOCATION ttawa | of injury in | COUNTY O M A wledge, from | passed we pregnance N. PART II o | ST/ |

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No. 4540

P. O. Address Hannibal Missou

| I hereby certify that the body whose name is reco | rded on the reverse side of this certificate | e was embalmed |
|---|--|----------------|
| or by | , Student Emb | almer No |
| working under my personal supervision. | Signed Signed | 2160 |
| Student | Signed ACM | Mux |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to corwith the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting If this body is not embalmed, fact should be so stated above.

Signature of Student Embalmer