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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35307

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 824

RECEIVED NOV 12 1940

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2114 N. Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Residence
(Specify whether years, months or days)

In this community visiting 5 weeks

3. (a) PRINT FULL NAME BARBARA ETHEL RUNNER

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

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

6. (b) Name of husband or wife J.P. Runner 6. (c) Age of husband or wife 79 years

7. Birth date of deceased March 7 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1 67</u>	<u>7</u>	<u>1</u>	hr. <u>01</u> min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business g

12. Name J.W. Blewlocke

13. Birthplace Unknown Unknown

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown

16. (a) Informant Mrs. R. R. Tharpe

(b) Address 2114 N. Missouri

17. (a) Removal (b) Date thereof Oct. 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of general director Joplin Mo

(b) Address Joplin Mo

19. (a) 10-2-40 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1831 Bird St
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1940 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from Oct 7 1940 to Oct 8 1940
that I last saw awake alive on Oct 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to _____
Due to 12/1/40

Other conditions 12/1/40
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

Signature W. E. Handley (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Date signed 10/2/40

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

F. M. Jones

Licensed Embalmer No.....

2319

P. O. Address.....

Josephine M...

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.

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