

o. 2
5-42
7-39
X3287

FILED FEB 23 1943

5037

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County. Audrain
(b) City or town. Rual, Saltriver
(c) Name of hospital or institution:
R.F.D. #4, Mexico
(d) Length of stay: In hospital or institution. Life
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Audrain
(c) City or town. Rual
(d) Street No. R.F.D. #4, Mexico, Mo.
(e) Citizen of foreign country? 5 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Ronald Warren Runyan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 31, 1939
(Month) (Day) (Year)

8. AGE: Years 3 Months 15 Days hr. min.

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

10. Usual occupation None

11. Industry or business.

MOTHER FATHER

12. Name Clarence Runyan
13. Birthplace Stanley, N. Dakota
14. Maiden name. Clerna Wheeler
15. Birthplace Vandalia, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Runyan
(b) Address P.O. Box #62, Mexico, Mo.
17. (a) Burial (b) Date thereof Jan. 16, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Vandalia, Mo.

18. (a) Signature of funeral director Earl E. Pugh
(b) Address Mexico, Mo.

19. (a) 1-15-1943 (b) Margaret H Mackie
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Jan
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Jan, 19 , to , 19 ;

that I last saw h. alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death. I find that his death was caused by drowning, accidentally while falling in a creek field with water by Benton, Coroner
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 183.3
Of autopsy 36
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) Fell in creek field with water
(b) Date of occurrence 00th
(c) Where did injury occur? Mexico, Audrain, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In yard of house
While at work? (Specify type of place) (e) Means of injury

23. Signature Ey. Benton, Coroner (M. D. or other) 3
Address Mexico, Mo Date signed 1/15/43

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

10742

RECEIVED

District Health Officer No. 10

District File Number _____

Date Filed _____

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 _____

Earl E. Precht

, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.