

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11014**

ED APR 14 1945

Registration District No. **257**

Primary Registration District No. **5881**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County **Osage**  
 (b) City or town **Rural**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community **entire life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Runge**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color **White** 6. (a) Single,  married,  divorced,  single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if live **1866** years

7. Birth date of deceased **January 20 1866**  
 (Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **housekeeper**

11. Industry or business **Frederick Runge**

12. Name \_\_\_\_\_  
 13. Birthplace **Germany** 4  
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**  
 15. Birthplace **Germany** 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Henry Runge**  
 (b) Address **Belle, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/21/43**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **Koenig Sasmann's Funeral Service**  
 18. (a) Signature of funeral director **Belle, Mo.**  
 (b) Address \_\_\_\_\_  
 19. (a) **3/22/43** (Date received local registrar) (b) **W. A. Sasmann** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Osage** 76  
 (c) City or town **Rural** (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) **no**  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**  
 year **1943** hour **5 O'clock P.M.** M.  
 21. I hereby certify that I attended the deceased from **4/1/41**, 19\_\_\_\_ to **3/19/43**, 19\_\_\_\_;  
 that I last saw her alive on **3/18/43**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Changrene of second toe on left foot**  
 Due to **Frosting** Duration **8 days**

Other conditions **Chronic Hepatitis** 5 yrs.  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **190**  
 Of autopsy **111**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **176**  
 (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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **P. H. Schouhals** or other \_\_\_\_\_  
 Address **Belle, Mo.** Date signed **3/20/43**

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

7600

1286

**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

*Chester Sarsman*

Licensed Embalmer No. *4178*

P. O. Address *Blend-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.**