

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18832

State File No.

Registrar's No. 123

JUN 10 1943
Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
M^c Cormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 day (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 214 S Williams
(If rural, give location)
(e) Citizen of foreign country? No. (Yes/No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles Freeman Runyan

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MO 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ELIZA RUNYAN 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec 25 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 21hr.min.

9. Birthplace Font Arrow OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Robert Runyan

13. Birthplace PA.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ann Gibson
(City, town, or county) (State or foreign country)

15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Family Bill Newkirk
(b) Address 214 S. Williams - Moberly

17. (a) Burial (b) Date thereof 5-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland, Moberly

18. (a) Signature of funeral director Clarence
(b) Address 5-28-43

19. (a) 5-28-43 (b) Signa Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 22
1943, to May 26, 1943;
that I last saw him alive on May 26, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to old age
Due to 167

Other conditions.....
(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?

While at work?..... Means of injury.....

23. Signature L. McCormick (M. D. or other) MD
Address Moberly, Mo. Date signed 5-26-43

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

RECEIVED

District Health Officer No. 10

District File Number 6-4 B-1021

Date Filed JUN 8 1943

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 L. C. Hopper
Licensed Embalmer No. 4261
P. O. Address Clarence, 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.