

FILED JUN 24/1943

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2655

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4914 Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 40 Years
In this community 40 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4914 Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Charles E. Runne, Jr.
3. (b) If veteran, name war No
3. (c) Social Security No. 513-14-1431

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10th
year 1943 hour 6 minute 40 P. M.

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

21. I hereby certify that I attended the deceased from Deputy to Coroner
that I last saw him on _____ 19____
and that death occurred on the date and hour stated above.

7. Birth date of deceased December 12 1902
(Month) (Day) (Year)

Immediate cause of death
Acute Coronary Occlusion
Due to Acute Pulmonary Edema
Other conditions (Include pregnancy within 3 months of death)
HB Edema

8. AGE: Years 40 Months 5 Days 2028 If less than one day _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy See Above

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

10. Usual occupation Switchman

11. Industry or business Burlington R. R.

12. Name Charles E. Runne, Sr.

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

14. Maiden name Janet Connell

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

16. (a) Informant Floyd Purvine
(b) Address 1920 7th 30 R.C.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1943
(Month) (Day) (Year)
(c) Place: burial Mt. Moriah Cemetery

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 _____ (Specify type of place) (e) Means of injury _____
23. Signature A. E. Ascher (M. D. or other) M.D.
Address 23rd Mt Coy Date signed 6/10/43

18. (a) Signature of funeral director A. N. Spencer's son
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-12-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

H. C. Newcomer Jr.

Licensed Embalmer No.....

40435

P. O. Address.....

H. C. 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.