

FILED MAY 15 1944

Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. **220**

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(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 _____
(Specify whether
 In this community since April 4 1944
years, months or days)

3. (a) PRINT FULL NAME Mable Runchey
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Ellis 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased March 2 1896
(Month) (Day) (Year)

8. AGE:
 Years 48 Months 1 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace Algona Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name George W. Plath
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Emma M. Halverson
 15. Birthplace St Peter Minn
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis Runchey
 (b) Address 617 Porter ave

17. (a) Burial (b) Date thereof 4-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem
Hornhill Dillon

18. (a) Signature of funeral director John Wall Stoney
 (b) Address _____

19. (a) 4-27-44 (b) Arthur Medhatter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town 617 Porter ave
(If outside city or town limits, write "RURAL")
 (d) Street No. Joplin
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1944 hour 1 minute 20 a M.

21. I hereby certify that I attended the deceased from Apr 26
6 PM 1944 to Apr 27 1944
 that I last saw her alive on Apr 26 - 6 PM 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia
 Duration 10 days

Due to _____
 Due to _____

Other conditions 74a
(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? _____
(Specify type of place) (e) Means of injury _____

23. Signature A. L. Crawford (M. D. or other) _____
 Address Joplin Mo Date signed _____

4-27-44

44-4-367

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 Paul A. Churchill
Licensed Embalmer No. 3590
P. O. Address Joplin 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.