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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

Registration District No. 776

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 3020

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ 0 (Specify whether
In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Pacific 36
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓ 1

3. (a) PRINT FULL NAME Charles Ross Runge

3. (b) If veteran, name war no

3. (c) Social Security No. 498-14-5700

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June (Month) 2 (Day) 1925 (Year)

8. AGE: Years 19 Months 2 Days 29 If less than one day ... hr. ... min.

9. Birthplace Viola Ridge (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation shoe worker

11. Industry or business shoe worker

FATHER
12. Name Walter Runge
13. Birthplace Gildehaus (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Amanda Understall
15. Birthplace Gildehaus (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Walter Runge
(b) Address Pacific Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon, Mo

18. (a) Signature of funeral director Bethel Cem Jno Thiebes
(b) Address Pacific Mo

19. (a) 9/2/44 (Date received local registrar) (b) Lucille R. Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1944 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from ..., 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 Accidental Death in car accident on Highway #100

Due to Fractured Skull

Due to compound fracture of left leg & lacerations about face

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 0.36

(b) Date of occurrence September 1, 1944

(c) Where did injury occur? Near Washington (City or town) Franklin (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway #100 (Specify type of place)

While at work? ✓ (e) Means of injury Fractured Skull

23. Signature Ernst L. Oltmann Coroner (M.D. or other)

Address Gerald, Missouri Date signed 9-2-44

1181

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1944

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 10-9-44

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 Jno L Shukes

Licensed Embalmer No. 3008

P. O. Address Pacific Grove

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.