V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41196

FILED DEC 27 1944

Registration District No.

Primary Registration District No. 2000

Registrar's No. 894

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1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
2116 N. Broad
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 17 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 2116 N. Broad
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Romaine Ruth Runner

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Single - None

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

7. Birth date of deceased May (Month) 26, (Day) 1927 (Year)

8. AGE: Years 17 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation In Home

11. Industry or business

FATHER
12. Name Glenn Runner
13. Birthplace Henry County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Hill
15. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Glenn Runner
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ 9 / 44 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12-9-44 (Date received local registrar) (b) Dr M E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7, year 1944 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from No physician in attendance, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy
Smothered during seizure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 39 b

Duration

Major findings:
Of operations

Of autopsy Congestion of spleen & kidneys
Petechiae of plema & thymus

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Murray C Stone Coroner (M. D. or other)

Address Springfield, Mo Date signed 12-9-44

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis G. Schar[illegible]

Licensed Embalmer No. 3807

P. O. Address Springfield, 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.