

S. No. 2
M-5-43
y. 5-17-39
P I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. **23785**
2967
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **3 days**
(Specify whether
In this community **59 Years**
years, months or days)

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. **1318 E 28th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Annie E Runnels**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-22-6596**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **3**
year **1946** hour **5** minute **25** PM.
21. I hereby certify that I attended the deceased from
June 30, 19**46**, to **July 3**, 19**46**.
that I last saw her alive on **July 3**, 19**46**.
and that death occurred on the date and hour stated above.

4. Sex **Female** / 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
7. Birth date of deceased **December 5th 1886**
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of breast
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
59 **6** **28** _____ hr. _____ min.

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 _____

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired**

11. Industry or business **Teacher, Public Schools**

MOTHER FATHER
12. Name **Moses T. Runnels, M. D.**
13. Birthplace **Licking County Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily Lamb Johnson**
15. Birthplace **Rockford Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph W. Runnels**
(b) Address **1318 East 28th Street**

17. (a) **Burial** (b) Date thereof **7 - 6 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Washington Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
(b) Address **104 West 42nd St. Kansas City, Mo.**

19. (a) **7-6-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Wm W. Hart** (M. D. or other)
Address **Med. Dir. Gen. Hosp** Date signed **7-4-46**

(Licensed Embalmer's Statement on Reverse Side)

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

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

Walter H. Erwin

Licensed Embalmer No.

4352

P. O. Address

Kansas City, 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.