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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19142

FILED JUN 26 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 495

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: Springfield, Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community UNKNOWN
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town RURAL - Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Rte #9 Box 832
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

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3. (a) PRINT FULL NAME Sarah Mullendore Claypool
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 28 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	11	13	hr. min.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business —
FATHER
12. Name Abraham Runyan
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name — Jarnagan
15. Birthplace Tenn
(City, town, or county) (State or foreign country)
16. (a) Informant Miss Lillian Claypool
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Mo
19. (a) 6-15-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day June
year 48 hour 6 minute A M.
21. I hereby certify that I attended the deceased from 5 June 1948, to 12 June 1948
that I last saw her alive on 12 June 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Arteriosclerosis severe & Coronosclerosis &	
~~Due to~~ Nephrosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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
23. Signature Stanley R Peterson (M. D. or other) MD
Address Springfield, Mo Date signed 15 June 48

Jefferson City Printing Co.

(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 J. H. Mason Registered Apprentice No. 477, working under my personal supervision.

Signed Jewell E. Wendle

Licensed Embalmer No. 2831

P. O. Address Springfield

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.