

Registration District No. 19

Primary Registration District No. 5066

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Southwest Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 68 years
years, months or days

3. (a) PRINT FULL NAME Mr. Albert Runnels

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Runnels 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased October 10 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer and Station Keeper

11. Industry or business _____

12. Name willis Runnels

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Waddell

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

16. (a) Informant Mrs. Albert Runnels

(b) Address Route 1, Liberal, Mo.

17. (a) Burial (b) Date thereof June 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director Chiles Funeral Home

(b) Address Lamar, Mo.

19. (a) June 24 48 (b) Horlense Lebedes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6
(c) City or town Rural Route 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Liberal, Mo. 0
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1948 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from June 22, 1948, to June 23, 1948,
that I last saw him alive on June 22, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 18 hrs

Due to _____
Due to _____

Other conditions Angina Pectoris 2 yrs
(Include pregnancy within months of death)

Major findings:
Of operations _____

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

24. 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 Fern T. Dickel (M. D. or other) MD
Address Lamar, Mo. Date signed 6/24/48

RECEIVED
District Health Officer No. 6,
District File Number 748-807
Date Filed JUL 15 1945

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 Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address Lamar, 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.