

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1408
220

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>		c. LENGTH OF STAY (In this place) <u>12:10 AM - 4:45 AM</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Kansas City Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>7400 Ine Bar Rd.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menschah.</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Emmett</u>			c. (Last) <u>Runyan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 30 -89</u>		9. AGE (In years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George S. Runyan</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Grace</u>			14. NAME OF HUSBAND OR WIFE <u>Carrie M. Runyan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie M. Runyan</u>				ADDRESS <u>7400 Snibar Rd.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7-8 AM</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>					
22. I hereby certify that I attended the deceased from <u>11:15</u> to <u>1:16</u> , 19 <u>49</u> , that I last saw the deceased on <u>1/15</u> , 19 <u>49</u> , and that death occurred at <u>7:45A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (In full or title) <u>Walter P. Jacob</u>				23b. ADDRESS <u>720 Bryant Bldg</u>		23c. DATE SIGNED <u>1/16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		24d. LOCATION (City, town, or county) <u>Kansas City.</u>		(State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-17-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Helmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster</u>		ADDRESS <u>K.C. Mo</u>		

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Dean Owens

Signed.....

Student Embalmer

Licensed Embalmer No. *4280*

P. O. Address *K. C., 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.