

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9431**

FILED MAR 19 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5915** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Winnebago</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Central Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winnebago</b>	
c. LENGTH OF STAY (in this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>27</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perryville, R.4.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kathryn</b> b. (Middle) <b>Jones</b> c. (Last) <b>Runyard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 13, 1949</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 28, 1899</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor and presser</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Cleaning</b>		11. BIRTHPLACE (State or foreign country) <b>Petersburg, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James A. Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Sknodgrass</b>		14. NAME OF HUSBAND OR WIFE <b>Howard Runyard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>331-05-123</b>		17. INFORMANT'S SIGNATURE OR NAME- ADDRESS <b>Howard Runyard, Winnebago, Illinois</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Verdict of Coronary Jury reads: "She finds that she came to her death by natural causes"</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				<b>7955</b>	

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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Walter A. [Signature]</b>		23b. ADDRESS <b>Judge of Probate Court Perryville, Mo</b>		23c. DATE SIGNED <b>3-13-1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>March 15, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Winnebago</b>	
				24d. LOCATION (City, town, or county) (State) <b>Winnebago, Ill</b>	

DATE REC'D BY LOCAL REG. <b>Mar 14 1949</b>		REGISTRAR'S SIGNATURE <b>Joe J. Zullner</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert Bey, Perryville, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.49 79000 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Search Slip No. 4  
Index File Number 349-325  
Date Filed 3-18-49

JUN 27 1950

APR 14

MAR 26 1949

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 Albert Bay

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 38766

P. O. Address Perryville, 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.