

FILED SEP 24 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Saline**  
(b) City or town **Slater**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Home, 835 Heiler St.,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **36 years**  
years, months or days

3. (a) PRINT FULL NAME **Sarah Rebecca Runyon**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **X** years  
7. Birth date of deceased **Sept. 24 1852**  
(Month) (Day) (Year)

8. AGE: Years **89** Months **11** Days **12** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Granger Co. Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Thomas Williams**  
13. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elvina Dutton**  
15. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. F. M. Smitherman**  
(b) Address **Slater Mo.**

17. (a) **Burial** (b) Date thereof **9 8 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slater Mo.**

18. (a) Signature of funeral director **Hill Brothers**

(b) Address **Slater Mo.**

19. (a) \_\_\_\_\_ (b) **Mrs. John Giger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline**  
(c) City or town **Slater**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **835 Heiler St.,**  
(If rural, give location)  
(e) Citizen of foreign country? **yes** (Yes or No)  
If yes, name country **XX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **6th**  
year **1942** hour **3** minute **50** P. M.

21. I hereby certify that I attended the deceased from **Sept. 2** 19**42** to **Sept. 6** 19**42**  
that I last saw her alive on **Sept. 6** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis  
Generalized arteriosclerosis  
hypertension**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration  
?  
?

PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature **C. A. McTurney M.D.** (b) \_\_\_\_\_ of other  
Address **Slater, Mo.** Date signed **9-7-42**

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

97  
2  
1

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-23-42

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 R. C. Hill

Licensed Embalmer No. 3090

P. O. Address States, 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.