

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35776

1. PLACE OF DEATH

County Jackson Registration District No. 359
 Township _____ Primary Registration District No. 2002
 City Kansas City (No. Trinity Luthern Hospital) St. _____ Ward _____

File No. _____
 Registered No. 4284

2. FULL NAME

Josiah (Joe) J. Funk
 (a) Residence, No. 3519 Highland St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Funk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Power and Light

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) MO. 1

13. NAME Jacob Funk

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ohio 2

15. MAIDEN NAME Nannie Egan

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) MO. 1

17. INFORMANT Mrs. Emma Whitford
 (ADDRESS) Lynnhurst Hotel

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elmwood DATE Nov. 15 1932

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) K.C.K.

20. FILED Nov. 15 1932 M. M. Browne
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1932, to Nov 13 1932
 I last saw him alive on Nov 13 1932. Death is said to have occurred on the date stated above, at 10:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
1060 108
 Other contributory causes of importance: Bronchitis
 Date of onset Nov 7

Name of operation _____ Date of _____
 What test confirmed diagnosis? Findings Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Carl W. Lindquist, M. D.
 (Address) 626 Lafayette Bldg.
K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

