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.

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

Do not use this space.

29250

1. PLACE OF DEATH

County Franklin — Registration District No. 296 — File No.

Township Union — Primary Registration District No. 4180 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Margaret Caroline Funke

(a) Residence, No. ..... Union Mo St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Funke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	II	29	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Beaufort, Missouri.

FATHER

13. NAME Christ Honold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John H. Funke Union, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Zion's Cemetery
PLACE Union, Missouri DATE Sept 7 1933

19. UNDERTAKER (ADDRESS) Wm H. Horn Union, Missouri.

20. FILED 9/10/1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/10/ 1933, to 9/3/33, 19..

I last saw her alive on 9/3 1933. Death is said to have occurred on the date stated above, at 10:30 p m

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset

230
85

93 R1

Other contributory causes of importance:

Apoplexy

8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) John L. Marshall, M. D.

(Address) Union Mo