

FILED MAR 7 7 1940
73

Registration District No. _____

Primary Registration District No. **3006**

Registrar's No. **42**

I. PLACE OF DEATH:

(a) County. Boone
(b) City or town. Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 hrs
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Boone
(c) City or town. Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 101 So 6th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LILLIAN HOPPER FUNK 54

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Logan H. Funk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 9 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name John Rollins
13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
14. Maiden name Eliza Purdy
15. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

16. (a) Informant Clare Funk
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 2-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director (Signature)
(b) Address Columbia, Mo.

19. (a) 2/21/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 19 day 19 year 1940 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 19, 1940 to Feb 19, 1940 that I last saw her alive on Feb 19, 1940 and that death occurred on the date and hour stated above. Immediate cause of death apoplexia Duration 6 hours

Due to Cerebral Hemorrhage
High Blood Pressure
Cor Arterio-Sclerosis

Other conditions (Include pregnancy within 3 months of death) g.j.v.

Major findings: Of operations _____ Of autopsy _____ 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) Natural
(b) Date of occurrence Feb 19
(c) Where did injury occur? Columbia Boone Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

74 While at work? _____ (Specify type of place) (Means of injury)
77 Signature Stephen Smith M. D. or other Mo.
Address Columbia Date signed 2/20/40

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Tom McHenry J.

Licensed Embalmer No. 4067

P. O. Address Columbia 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, above space should be left blank.