S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37569

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4167

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1111 Brush Creek Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 42 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missori (b) County Jackson

(c) City or town Kansas city (If outside city or town limits write "RURAL")

(d) Street No. 1111 Brush Creek Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mrs. Adaline Funk

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lewis H. Funk

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased January (Month) 23 (Day) 1863 (Year)

8. AGE: Years 77 Months 9 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace White County (City, town, or county) Indiana (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Joseph Amick
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Susanna Mertz
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Lewis H. Funk

(b) Address 1111 Brush Creek Blvd. 2

17. (a) Burial Moriah (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 11-1-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1940 hour 1 minute 45 PM M.

21. I hereby certify that I attended the deceased from 1933, 19__, to 10/25, 1940; that I last saw her alive on 10/21/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Pernicious anaemia

Due to 93 F

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Delon G Williams (M. D. or other)

Address 806 Prof Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. De Lom A. Willis
Prof Bldg
V. 4838
11:30 AM

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.