

No. 2
-13-40
17-39
X23159

FEB 18 1941

Registration District No. 2-8

Primary Registration District No. 3032

State File No. _____

Registrar's No. 27

80
6
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Sedalia
 (c) Name of hospital or institution: 321 Randolph
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 321 Randolph
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James J Funnell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 19
 year 1941 hour 11 minute 30 P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Funnell 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 12 1859
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 19, 1941, to Jan 19, 1941;
 that I last saw him alive on Jan 19, 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Uremia

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

Due to Chronic interstitial nephritis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 12/12

9. Birthplace Morgan Co Mo (City, town, or county) (State or foreign country)
 10. Usual occupation Retired
 11. Industry or business Rail Road
 12. Name R H Funnell
 13. Birthplace Virginia (City, town, or county) (State or foreign country)
 14. Maiden name Susan Elizabeth Dye
 15. Birthplace Ny (City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant R. H. Reed
 (b) Address 875 E. 11, Sedalia Mo
 17. (a) Burial (b) Date thereof Jan 21, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director McLaughlin Bros
 (b) Address Sedalia Mo
 19. (a) 1/21/41 (b) Mrs. Harry Sneed
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature W. I. Bishop (M. D. or other) D
 Address Sedalia Date signed 1-20-41

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 15-10-41

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.....

Robert H. Reed

Licensed Embalmer No. *3745*

P. O. Address *Sedalia*

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.