FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21768

Registration District No. 340 Primary Registration District No. ~~340~~ 4203 Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town New Hampton (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME MARGRET ANN FUNK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Riley N Funk

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct (Month) 17 (Day) 1871 (Year)

8. AGE: Years 69 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Harrison Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Edward Smith

13. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Francis R Clayton

15. Birthplace Tazewell Co (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature R N Funk

(b) Address New Hampton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Foster Cemetery

18. (a) Signature of funeral director W G Noble

(b) Address New Hampton MO

19. (a) July 16 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 16, 1941, to June 22, 1941; that I last saw her alive on June 19, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

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 [illegible] M.D. (M. D. or other)

Address New Hampton Date signed June 22

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

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 W G Noble, Registered Apprentice No. ....., working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.