No. 2
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5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37426

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4221

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: 75th & Wornall Road
(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 All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 312 East 92nd Street
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Donald Dean Funk
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 12, (Day) 1926 (Year)

8. AGE: Years 15 Months 7 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At School
11. Industry or business

FATHER
12. Name William Funk
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Melisa M. Howell
15. Birthplace Manhattan, (City, town, or county) Kansas (State or foreign country)

16. (a) Informant William Funk
(b) Address 321 East 92nd Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway
19. (a) 11-13-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1941 hour 2:00 PM minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot wound of head with section of cervical spine cord.	
Due to —	184
Due to —	17
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy Negative

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) Accident
(b) Date of occurrence 11/11/41 12 3
(c) Where did injury occur? 75th & Wornall Road Jackson (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury Shot with rifle
23. Signature C. H. Pech (M. D. or other)
Address (Dec) Date signed 11/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 Leon H. Stewart

Licensed Embalmer No. 4177

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.