

FILED FEB 16 1943

Registration District No. 154

Primary Registration District No. 5575

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, ~~Missouri~~ ^{Missouri}
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
92nd and McGee Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
(Specify whether
 In this community at 37 years,
years, months or days)

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. 92nd and McGee St.
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME William Funk
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.
 4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Marie Funk
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased October 1 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 29th
 year 1943 hour 8:15 minute A. M.
 21. I hereby certify that I attended the deceased from
Jan 23 1943 to Jan 29 1943;
 that I last saw him alive on Jan 23 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>28</u>	hr. <u> </u> min. <u> </u>

Immediate cause of death Coronary Thrombosis 6 days
 Duration
 Due to 94a
 Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace Indiana 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Bill Poster
 11. Industry or business x
 12. Name Michael J. Funk
 13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)
 14. Maiden name Harriet West
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Marie Funk
 (b) Address 92nd and McGee St., K. C., Mo.
 17. (a) Burial (b) Date thereof 2-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hills, CEM.
 18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 2/3/43 (b) W. Lindsey
(Date received local registration) (Registrar's signature)

Major findings:
 Of operations
 Of autopsy
 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) (c) Means of injury
 23. Signature W. Lindsey (M. D. or other)
 Address Martin City, Mo. Date signed 2-3-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

11525 Dr. Annie G. Hedger
(Name and address of embalmer's Statement on Reverse Side)

MAR 10 1943

FEB 19 1943

Dr. Rader, Martin City.

Springdale 3211

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

Licensed Embalmer No. 1415

P. O. Address J. P. M.

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.