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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36810**
Registrar's No. **372**

FILED DEC 8 1945
53

Registration District No. **53** Primary Registration District No. **3010**

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

1. PLACE OF DEATH:
(a) County **CAPE GIRARDEAU**
(b) City or town **CAPE GIRARDEAU**
(c) Name of hospital or institution: **St. Francis Hospital**
(d) Length of stay: In hospital or institution **2 hours**
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **PERRY**
(c) City or town **LONGTOWN, Mo**
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **EDGAR, MELTON, FUNKE**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **18th** year **1945** hour **12** minute **Noon** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

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

Immediate cause of death: **Basal fracture of the skull**
Due to **Being struck by a car while standing by bicycle**
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	12	11	19	hr. min.

9. Birthplace **LONGTOWN, Mo**
10. Usual occupation **NONE**

11. Industry or business **NONE**
12. Name **LUDWIG J. FUNKE**
13. Birthplace **LONGTOWN, Mo**
14. Maiden name **NEHA BINGENHEIMER**
15. Birthplace **LONGTOWN, Mo**

Major findings: Of operations **None**
Of autopsy **None**
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant **LUDWIG J. FUNKE**
(b) Address **LONGTOWN, Mo.**
17. (a) **BURIAL** (b) Date thereof **Nov 22-1945**
(c) Place: burial or cremation **Longtown, Mo.**
18. (a) Signature of funeral director **Walter Und. Co.**
(b) Address **Cape Girardeau Mo.**
19. (a) **11-20-45** (b) **C. C. Summers**
(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) **Accident**
(b) Date of occurrence **Nov. 18, 1945**
(c) Where did injury occur? **Longtown Perry Mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **One State Highway 23**
While at work? **yes** (Specify type of place) (e) Means of injury **Auto**
23. Signature **D. J. To Signum** (M.D. or other) **Coroner**
Address **Jackson Mo** Date signed **11/19/45**

Health Officer No. 4
Subject File Number 1245-138
Date Filed 12-6-45

1 FEB 14 1946

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 Virgil H. Kelch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau-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, fact should be so stated above.