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FILED FEB 13 1946

State File No. _____

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town Rural Walker, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jamestown, Mo., Rt. #2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 2 Yrs
years, months or days)

3. (a) PRINT FULL NAME Ella Funk

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Arpil 5 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 6 hr. min.

9. Birthplace Edina Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name William Harrison Funk
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Palmer Funk

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary M. English
(b) Address Jamestown, Mo.

17. (a) Burial (b) Date thereof Jan. 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Cent. Gower, Mo.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 1-12-46 (b) H.R. Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jamestown, Mo., Rt. #2.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1946 hour 10 minute 20 M.

21. I hereby certify that I attended the deceased from July 10
1943 to January 11 1946
that I last saw her alive on January 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 years

Due to Generalized Arteriosclerosis 10 years.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Kernon Latham (M. D. or other) _____
Address California, Mo. Date signed 1-12-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-11-46

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 1112

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Bowler

Licensed Embalmer No. 2126

P. O. Address California

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3397
Registrar's No. 37

Registration District No. 224 Primary Registration District No. 5796

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Rural
(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)

In this community
years, months or days

3. (a) PRINT FULL NAME Ella 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

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased
(Month) (Day) (Year)

8. AGE: Years 83 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Mo

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-12-46 (b) HR Papey
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 1946 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from 12/11/46 to 12/11/46

that I last saw him alive on 12/11/46 and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY

