

FILED JUN 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18419

State File No. ....

Registration District No. 291

Primary Registration District No. 5996

Registrar's No. 51

1. PLACE OF DEATH:

(a) County PUTNAM  
(b) City or town RURAL UNION TOWNSHIP  
(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 LIFE TIME (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME FRANCIS EDWARD FUNNELL

3. (b) If veteran, name war. (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. AUGUST 15 1915 (Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 13 If less than one day hr. min.

9. Birthplace. PUTNAM COUNTY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation. FARMING

11. Industry or business. FARM

12. Name. FRANK FUNNELL

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

14. Maiden name. LUCY LERA O'DONNELL

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

16. (a) Informant. Marie Funnell (b) Address. Putnam, Iowa

17. (a) BURIAL (b) Date thereof. MAY 31 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. UNIONVILLE CEMETERY

18. (a) Signature of funeral director. COMSTOCK FUNERAL HOME

(b) Address. UNIONVILLE MO (c) B. W. Comstock

19. (a) 6-6-47 (b) Mabel Durbin (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86  
(c) City or town RURAL (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28 year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 2, 1947 to May 28, 1947

that I last saw him alive on May 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. Congenital organic heart disease Duration

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 15 7 E

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. L. O. Donahue (M. D. or other) MD

Address. Unionville Ia Date signed. 6/4/47

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

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-680  
Date Filed JUN 10 1947  
JUN 12 1947

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 James W Comstock  
Licensed Embalmer No. 4197  
P. O. Address Unionville, Mo.

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

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