

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28660

State File No. _____

FILED SEP 10 1947

Registration District No. 291

Primary Registration District No. 5992

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town "RURAL" LINCOLN 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 67 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86

(c) City or town "RURAL" LINCOLN TOWNSHIP 0
(If outside city or town limits, write "RURAL")

(d) Street No. UNIONVILLE 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CLARA FUNNELL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JAMES A. FUNNELL 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased JUNE 30, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	I	4	hr. min.

9. Birthplace YORKSHIRE ENGLAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

12. Name THOMAS CHILDS

13. Birthplace _____ ENGLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name HARRIETT HAMMOND

15. Birthplace _____ ENGLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chloe Lowel

(b) Address Cincinnati, Iowa

17. (a) BURIAL (b) Date thereof AUGUST 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

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

(b) Address UNIONVILLE, MO. By John A. Constock

19. (a) 8-31-47 (b) Marvill Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 4
year 1947 hour I minute 30 P. M.

21. I hereby certify that I attended the deceased from June 24
1947, to Aug 4, 1947
that I last saw her alive on Aug 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 6 months
Arteriosclerosis, senile unknown

Due to _____

Other conditions Vertical heroin
(Include pregnancy within 3 months of death)
Postoperative

Major findings:
Of operations _____

Of autopsy _____

Duration

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) (g) Means of injury _____

23. Signature A. L. Taylor (M. D. or other) M.D.

Address Centralville, Iowa Date signed 8-3-47

RECEIVED
District Health Officer No. 10
Dist. File Number 9-47-1214
Date Filed SEP - 9 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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Chionville, 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.