

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26863
Registrar's No. 3509

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 35 years		d. STREET ADDRESS (If rural, give location) 300 EAST ARMOUR 350	
d. FULL NAME OF HOSPITAL OR INSTITUTION 300 EAST ARMOUR			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) NEIL c. (Last) FUNK			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 15 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 28 1890
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIST. SALES MGR.	
10b. KIND OF BUSINESS OR INDUSTRY No. W. ENGINEERING		11. BIRTHPLACE (State or foreign country) LAKE FIELD, MINN.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WARREN H. FUNK		13b. MOTHER'S MAIDEN NAME SOPHIA GOLLY	
14. NAME OF HUSBAND OR WIFE FRANCES FUNK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) WWI WWI		16. SOCIAL SECURITY NO. 326-10-2254	
17. INFORMANT'S SIGNATURE OR NAME FRANCES FUNK		ADDRESS 300 E. ARMOUR, K.C.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc.: It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		420	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Geo. C. Kealhofer (Degree or title)		23b. ADDRESS 3447 Prater St KC Mo	
23c. DATE SIGNED 8-15-50			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE AUG 17 1950	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 8-16-50		REGISTRAR'S SIGNATURE Geraldine Holmes	
FURNERAL DIRECTOR'S SIGNATURE J. J. Neuromer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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

1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address. *Kansas City, 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.