

FILED DEC 8 1944

Registration District No. 137

Primary Registration District No. 5517

State File No.

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Zelco 2nd
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 2 yrs, 6 mo, 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind. (b) County Henry
(c) City or town Calhoun 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.

3. (a) PRINT FULL NAME Terry Gene Funk

3. (b) If veteran, name war. ✓ 3. (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. May 17 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 6 6 hr. min.

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

10. Usual occupation. ✓

11. Industry or business

12. Name Ruth M. Funk
13. Birthplace Windsor Ind
(City, town, or county) (State or foreign country)
14. Maiden name Stacy L. Funk
15. Birthplace Calhoun Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Stella L. Jackson

(b) Address Calhoun Missouri

17. (a) Rural (b) Date thereof. Nov 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calhoun Cemetery

18. (a) Signature of funeral director J A Housley

(b) Address Calhoun Ind

19. (a) November 25 1944 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1944 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Nov 23
1944 to Nov 23, 1944

that I last saw him alive on not at all, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Fractured neck
sudden death

Due to accident

(Pulled grinding stone

Due to wheel over on head)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1952

Of autopsy 19

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 042

(b) Date of occurrence Nov 23 - 1944

(c) Where did injury occur? Home Calhoun Henry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? flag (e) Means of injury Heavy grinding

23. Signature J. Housley (M. D. or other) M.D.

Address Windsor Mo Date signed 11/24/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17
00

RECEIVED

Cert No. 7,

11-44-1324

Date Filed 12-7-44

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

Signed

J. A. Housey

Licensed Embalmer No. 3582

P. O. Address

Calhoun 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.