

FILED JUN 14 1945
137

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17053**

Registration District No. _____

Primary Registration District No. _____

502-0-4218

Registrar's No. **92**

1. PLACE OF DEATH: **Henry**

(a) County **Henry**

(b) City or town **Windsor, Mo.**

(c) Name of hospital or institution: **704 W. Benton Street**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **30 years**
(Specify whether years, months or days)

In this community _____
(years, months or days)

3. (a) PRINT FULL NAME **Virginia Francis 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 **2 divorced W**

6. (b) Name of husband or wife **H. I. Funk**

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

7. Birth date of deceased **September 10, 1857**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	6	30	hr. _____ min.

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

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Lewis Elza Hayden**

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

14. Maiden name **Mary E. Bellamy**

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

16. (a) Informant **Ernest Funk**

(b) Address **Windsor, Mo.**

17. (a) **burial** (b) Date thereof **April 12-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Mo.**

19. (a) **May 16** (b) **in wife's residence**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Windsor**

(d) Street No. **704 W. Benton Street**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9th** year **1945** hour **10** minute **40** a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to **April 9, 1945**

that I last saw him alive on **April 9, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to _____

Due to _____

Other conditions **asthma**
(Include pregnancy within 3 months of death)

Major findings: **108**

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 **[Signature]** (M. D. or other)

Address **Windsor** Date signed **4-18 45**

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

12
2
0

1391

RECEIVED
Dist. Health Officer No. 7,
Vis. of Embalmer 5-45-562
Date Filed 6-13-56

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 Edith M. Hurlan

Licensed Embalmer No. 3391

P.O. Address Windsor, 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.