

FILED MAR 12 1946

Primary Registration District No. **3023**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Welzel Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-11-46-7:10a
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Henry 42
(c) City or town Calhoun 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1946 hour 8: minute 10 P.M.
21. I hereby certify that I attended the deceased from Bl. Th
1-11-46, 19 to 1-17- 1946;
that I last saw h. a. m. alive on 1-17-46, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death. Baby born with
Central nervous
Due to system -
unable to retain food
Due to nausea
Convulsion was
Other conditions. cause of death
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME RICHARD DALE FUNK

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased Jan 11 1946
(Month) (Day) (Year)

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

9. Birthplace CLINTON, MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name RALPH MARTIN FUNK

13. Birthplace WINDSOR (RURAL) MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name G. LADYS LEONA PURNELL

15. Birthplace CALHOUN (RURAL) MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS RALPH FUNK

(b) Address CALHOUN MISSOURI R#2

17. (a) Burial (b) Date thereof Jan 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun

18. (a) Signature of funeral director J. H. Houser

(b) Address Calhoun mo

19. (a) 2-12-46 (b) R. D. Kenney
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy 86

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?

(Specify type of place)
While at work? _____ (c) Means of injury 3
23. Signature Geo S. W. [unclear] (M.D. or other) DO
Address 1.05 E. Ohio Clinton Date signed 1/18/46

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

4368

RECEIVED

Officer No. 7,

Number 2-46-227

Date filed 3-11-46

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. 3502

P. O. Address Calhoun Dr

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.