

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5621  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas or (d) Street No. 2626 Park St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN M. FUNK

(a) Residence, No. 2626 Park St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Funk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 3, 1867</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>72</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) <u>0</u>		
13. NAME <u>Jacob Funk</u> <u>1</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY) <u>0</u>		
15. MAIDEN NAME <u>Funk, Egan</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)		

17. INFORMANT Annie Funk (ADDRESS) 2626 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE 2/25, 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure Und. Co. (ADDRESS) 3235 Gillham Plaza

20. FILED 1/24 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to Feb 22, 1939. I last saw him alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 11:30 P.  
The principal cause of death and related causes of importance were as follows:

Queeromania  
Influenza

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify James L. Ferguson, M. D.  
(Address) 124 Broadway

1800

W 6167

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**