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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Farthing
State File No. 2390
Registrar's No. 55

Registration District No. 378
Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1109 E. Brower
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits write "RURAL")
(d) Street No. 1109 E. Brower
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Irene Funkhouser 522
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thos. R. Funkhouser
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 29 (Day) 1887 (Year)
8. AGE: Years 52 Months 8 Days 18 If less than one day hr. min.
9. Birthplace Niangua (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Dan H. Dwyer
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Just Tima Cates
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Thomas R. Funkhouser
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo. 290
19. (a) 1/17/40 (Date received local registrar) (b) Chas A. George M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1940 hour 12 minute 35 a. M.
21. I hereby certify that I attended the deceased from Sept, 1939 to Jan 17, 1940 that I last saw h. alive on Jan 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary Cancer left breast	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation
Of autopsy none

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? no
While at work? (Specify type of place) (e) Means of injury
23. Signature Fred R. Farthing M. D. ~~or other~~
Address Springfield, Mo. Date signed 1-17-40

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.