

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1269

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3644 Forest Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Years  
In this community 15 Years  
years, months or days

8. (a) PRINT FULL NAME Mrs. Elsie Gilbert Funkhouser

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Earle R. Funkhouser 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased February 23 1903  
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Waynesboro Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Olin A. Gilbert

18. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Engler

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

16. (a) Informant E. A. Funkhouser

(b) Address 3644 Forest

17. (a) Burial (b) Date thereof Mar. 23, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director A. H. Neivcomer's Son

(b) Address 1401 Brush Creek Blvd

19. (a) Mch 22, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3644 Forest Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st  
year 1940 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from 19 to 19;  
I saw him alive on 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema and congestion.

Due to III

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (Specify type of injury)

23. Signature H. C. Moore (M. D. or other)  
Address H. C. Moore Date signed

Duration

PHYSICIAN

Underline (the cause to which death should be charged statistically.)

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

**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. 5043

P. O. Address R. C. 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, above space should be left blank.**