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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13726

State File No. 1707

Registration District No. 399

Primary Registration District No. 1062

Registrar's No.

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:
2031 East 48th Street Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether
In this community 35 Years
years, months or days)

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. 2031 East 48th Street Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 --- years.

3. (a) PRINT FULL NAME Mr. John Martin Funk

3. (b) If veteran, name war No

3. (c) Social Security No. 486-05-1470

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1941 hour Five minute fifty P.M.

21. I hereby certify that I attended the deceased from 7-27-38
1938 to 4-22-41 1941;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Clara Agatha Funk

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased February 4 1906
(Month) (Day) (Year)

that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

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

35 2 24 hr. min.

Due to Amyotrophic lateral sclerosis

Due to 82:1

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

Other conditions 82:1
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

11. Industry or business Nichols Wire Company

12. Name John Martin Funk

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

14. Maiden name Annie E. Martin

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

16. (a) Informant Mrs. Clara A. Funk

(b) Address 2031 E 48th Terrace

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

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) Apr 30, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations ---

Of autopsy Chemical analysis of Dr. Bl. Schott & Dr. M. H. Schott

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 --- (e) Means of injury ---

23. Signature O. H. Schott M. D. ---
Address 1109 Park Building signed ---

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

J. Mark

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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *K.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, fact should be so stated above.