

FILED AUG 16 1949

Registration District No. 299

Primary Registration District No. 1002

48  
8830  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
622 Huntington Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether  
In this community: 10 Years / (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 622 Huntington Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_ U

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Margaret Buchanan Funk

20. DATE OF DEATH: Month July day 18th  
year 1941 hour 7 minute 30 A. M.

3. (b) If veteran, name war: No 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from 5-20-1937  
to 9-18-41  
that I last saw him alive on 7-17-41  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mr. Hamilton Hugh Funk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: December 1 1863  
(Month) (Day) (Year)

Immediate cause of death Central Hemorrhage  
apoplexy  
Due to hypertensive state

8. AGE: Years 77 Months 7 Days 17 If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions no  
(Include pregnancy within 3 months of death) 83

9. Birthplace Albia Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

Major findings: Of operations no  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name William Buchanan  
13. Birthplace Lexington Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Stephenson  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. D. Callaway  
(b) Address 622 Huntington Road

17. (a) Burial (b) Date thereof July 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Idiola Cemetery, Idiola, Kansas

18. (a) Signature of funeral director R. H. Newsome's Son  
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-19-41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
While at work \_\_\_\_\_  
23. Signature W. Myers (M. D. or other) W  
Address Harmon City, Mo. Date signed 7/18/41

815 - Shubert 10-17-44

OCT 17 1944

**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 D.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.