No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24196

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2735

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: Vineyard Park Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community 20years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town KRaytown (If outside city or town limits, write "RURAL") 0

(d) Street No. R. 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Miss Alma Funkhouser

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 27 (Day) 1898 (Year)

8. AGE: Years 43 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Bolivar Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation School teacher

11. Industry or business

FATHER
12. Name Paul Funkhouser
13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Cordialia Hunsinger
15. Birthplace Indianna (City, town, or county) 1 (State or foreign country)

16. (a) Informant Miss Mamie Funkhouser

(b) Address Raytown Mo. R.R.#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-23-41 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Forest Hill

18. (a) Signature of funeral director Rose -Henderson

(b) Address 15th. Jackson

19. (a) 7/22/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 4 minute 5 M.

21. I hereby certify that I attended the deceased from 8 15 1941 to 8 26 1941; that I last saw h alive on 8 20 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia (Embolic)	2 days
Due to Large uterine fibroma	2 yrs.
Due to Non-malignant	
Due to Chr. Salpingitis (Color bacillus)	1 mo
Other conditions (Include pregnancy within 3 months of death) 1340	

Major findings: Of operations Large tumor, 2-16-41 Pustules

Of autopsy None 1340

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. Sheldon (M. D. ~~or other~~) 10

Address 922 Main St. Date signed 7-21-41

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(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 N. E. Henderson

Licensed Embalmer No. 3657

P. O. Address K. C. Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.