

Aug 18 1941
Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Fairmount, Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11811 Missouri Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Fairmount 7
(If outside city or town limits, write "RURAL")
(d) Street No. 11811 Missouri Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Robert M. Funk

3. (b) If veteran, name war _____ 3. (c) Social Security No. 513-14-152

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Mrs. Lottie Leona Funk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. May 28, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 20 hr. _____ min.

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

10. Usual occupation. Dairy Manager

11. Industry or business _____

12. Name Adam Funk

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Susan Isenburger

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Leona Funk

(b) Address 11811 Missouri Ave. Fairmount Mo.

17. (a) Burial (b) Date thereof 7-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director. Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) July 18/41 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15, 1941 to July 18, 1941
that I last saw him alive on July 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Apoplexy 7 days
Chronic Nephritis Hypertension 10 yrs
Due to _____
Due to _____
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) (e) Means of injury _____
23. Signature Floyd B. Bailey (M. D. or other) Physician
Address 19 West Walnut Date signed July 18, 41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

see 1st page. signed
over Emma King
1:00 PM 2003

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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address 26 E 2700

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.