DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1208

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 318

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: St Marys Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town Southwest of Olathe Kansas (If outside city or town limits, write "RURAL")

(d) Street No. R F D Route Spring Hill # 1. (If rural, give location)

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

3. (a) PRINT FULL NAME Frances Ellen Funk

3. (b) If veteran, name war ..... 3. (c) Social Security No. no

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

6. (b) Name of husband or wife John Funk 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct (Month) 4 (Day) 1878 (Year)

8. AGE: Years 63 Months 3 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Practical Nurse

11. Industry or business

FATHER
12. Name Simeon Lewis
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Frances Judy
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. Elizabeth Craven

(b) Address Paola Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Raymore Missouri

18. (a) Signature of funeral director H. E. Julian

(b) Address Olathe Kansas

19. (a) 1-24-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 22 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1-8-42, 19..., to 1-22-42, 19...; that I last saw her alive on Jan. 22, 1942, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumona	3 days
Due to: Influenza	11 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C W Jones MD (M. D. or other)

Address 133 E. Park, Olathe, Ks. Date signed 1-23-42

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 H. E. Julian

Licensed Embalmer No. 2047

P. O. Address Olathe Kas

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, above space should be left blank.