

U.S. No. 2
FORM-5-42
7-5-17-39
X32523

24243

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 3 1943
Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 107

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wabash R. R. Tracks--Jefferson St. 3
(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 Mo. (b) County RANDOLPH
(c) City or town MOBERLY
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eugene Funnley
3. (b) If veteran, name war No
3. (c) Social Security No. 490-07-2010

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1943 hour 9 minute 38 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nell Funnley
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Do NOT KNOW
(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 Coroner's Verdict
8 find that the deceased, Eugene Funnley, came to his death by accident when a wabash freight car run over and crushed his body. By. Bantou, Coroner
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
24 ? ? _____ hr. _____ min.

Major findings: 169-6
Of operations _____
Of autopsy 30
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation R. R. Brakeman

11. Industry or business Wabash R. R.

12. Name Grouch Funnley

13. Birthplace Columbia, Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Nell Funnley

15. Birthplace Dk (City, town, or county) (State or foreign country) 9

16. (a) Informant Dr. J. J. Brown

(b) Address Columbia, Missouri

17. (a) removal (b) Date thereof 7/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Missouri

18. (a) Signature of funeral director Wm. Christy

(b) Address Mexico, Mo.

19. (a) July 30 - 1943 (b) Margaret H Mackie
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) Accident 0.14
(b) Date of occurrence 7/29/43
(c) Where did injury occur? Mexico Andrain Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on wabash R.R. right of way
While at work? yes (Specify type of place)
under freight car (e) Means of injury body crushed
23. Signature E. J. Bantou, Coroner (M. D. or other)
Address Mexico, Mo. Date signed 7/30/43

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

-148
1/3/43

10/14

AUG 4 1943
SEP 2 1943

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 Claro Arnold
Licensed Embalmer No. 35619
P. O. Address Mexico, 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.