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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1946

State File No. 30578

Registration District No. 134 Primary Registration District No. 5575 Registrar's No. 54

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town RURAL WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
130TH & OLD RAYTOWN ROAD - R.R.#1 GRANDVIEW
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- / (Specify whether
In this community 29 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town RURAL
130TH & OLD RAYTOWN ROAD (If outside city or town limits, write "RURAL") 0

(d) Street No. R.R. #1, GRANDVIEW
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country -----

3. (a) PRINT FULL NAME MR. HARRY AUSTIN FUNK

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-03-0439

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. LULA FUNK

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased OCTOBER 1 - 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	4	hr. min.

9. Birthplace SEDALIA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CARPENTER AND FARMER

11. Industry or business FOR SELF

FATHER
12. Name GEORGE WASHINGTON FUNK
13. Birthplace ROCHEPORT (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name BELLE WALKER
15. Birthplace UNKNOWN (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs Lula Funk
(b) Address Grandview Mo 7-1946

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 7 1946
(Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. A. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) Sep. 7-46 (Date received local registrar) (b) Dr Annie G. Hedges (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 5TH
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Acute Coronary Occlusion — Duration

Due to

Due to

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy History & Inspection

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature A E Upsher (M. D. or other) MD

Address 2800 Main Date signed 9/5/46

(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 Emile W. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.