S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27040

Registration District No. 59 | Primary Registration District No. 4101 | Registrar's No. 130

1. PLACE OF DEATH:
(a) County: CASS
(b) City or town: RAYMORE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CASS
(c) City or town: RAYMORE
(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: ESTELLA MAY FUNK
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓
4. Sex: FEMALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: ROBT. F. FUNK
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: JULY (Month) 27 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	1	2	..... hr. ..... min.

9. Birthplace: OHIO, (City, town, or county) ILLINOIS / (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: ✓
FATHER
12. Name: Perry F. REINSBURG
13. Birthplace: (City, town, or county) OHIO / (State or foreign country)
MOTHER
14. Maiden name: MARY BROWN
15. Birthplace: (City, town, or county) OHIO / (State or foreign country)
16. (a) Informant: ROBT F. FUNK
(b) Address: RAYMORE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation: RAYMORE, MO
18. (a) Signature of funeral director: E. T. George Sons
(b) Address: Belton Mo
19. (a) Sept. 2. 1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1947 hour 8 PM minute ..... M.
21. I hereby certify that I attended the deceased from 1925 To Aug 30, 1947, 19..; that I last saw her alive on Aug 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 hr
Due to: essential hypertension	years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 839	

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 2
23. Signature: R. M. Master (M. D. or other) MD
Address: Belton Mo Date signed Aug 31-47

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 [illegible]

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.....A. T. George.....

Licensed Embalmer No.....3645.....

P. O. Address.....Greenville Me.....

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.