

No. 2
2-45
17-39
X47070

FILED DEC 11 1947

Registration District No. 273

Primary Registration District No. 591C

Registrar's No. 69

1. PLACE OF DEATH

(a) County Perry

(b) City or town Longtown Mo.
(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 72-1-28 (Specify whether years, months or days)

In this community 72-1-28 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Longtown Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Ottillie Funke

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Oswald Funke

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 2 1875
(Month) (Day) (Year)

8. AGE: 72 Years | 1 Months | 28 Days | If less than one day hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 30 year 1947 hour 5 minute AM

21. I hereby certify that I attended the deceased from March 1946, to Nov 1947, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy, cerebral Duration 5 hrs

Due to Hypertension 10 yrs

Due to arteriosclerosis 10 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 12/1/47

MOTHER FATHER

12. Name William Klomp

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margarete Schnider

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

16. (a) Informant Oswald Funke

(b) Address Longtown Mo.

17. (a) Burial (b) Date thereof 12-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longtown Mo

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) Dec 2-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

RECEIVED

Health Officer No. 4

File Number 1247-15

Dated 12-10-4

NOV 7 1951

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.....

Frederic W. Bone, Registered Apprentice No. 510

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2138

P. O. Address [Signature]

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.