

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Bedon
(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)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller

(c) City or town Bedon
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME EMILIE FUNKA SPIESS

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1947 hour 2 minute 55 P.M.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married Widowed

6. (b) Name of husband or wife Adolph Spiess 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 1 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1930 to _____, 1947;
that I last saw her alive on Dec 9, 1947;
and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Gayttsville Illinois
(City, town, or county) (State or foreign country)

Immediate cause of death Cardiac Failure

Due to Fracture of Femur 39 months

Due to Senility

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael Funkh

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

14. Maiden name Susanna Eckert

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

Other conditions 1590
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

16. (a) Informant Mrs. Isabelle Leals

(b) Address Bedon, Mo.

17. (a) Burial (b) Date thereof 12-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagnerburg, Mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Louis B. Phelanis

(b) Address Bedon, Mo.

19. (a) 12-10-47 (b) Edwenna Walt
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: 66

(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? 1

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

23. Signature A.F. Becklersee DO
(M. D. or other)

Address Bedon Mo Date signed 12-10

RECEIVED
DISTRICT HEALTH OFFICER NO. 9
DISTRICT PHO NUMBER
Date filed 12-16-71

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.....

Louis D. Phillips
....., Registered Apprentice No.
working under my personal supervision.

Signed *Louis D. Phillips*
.....
Licensed Embalmer No. *3663*
.....

P. O. Address *Cedar*
.....

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.