S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15531

FILED JUN 1 1948

Registration District No. 42 — Primary Registration District No. 5134 — Registrar's No. 589

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

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: Rural, Washington Twsp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buchanan County Infirmary-RR #3 (If not in hospital or institution, write street number or location) 5
(d) Length of stay: In hospital or institution: 6 months (Specify whether In this community: Unk years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No.: 615 North 13th, Street (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Mabel Funkhauser

3. (b) If veteran, name war: no
3. (c) Social Security No.: ?

4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: Unk 9
6. (b) Name of husband or wife: Unk
6. (c) Age of husband or wife if alive: Unk years
7. Birth date of deceased: October (Month) 4, (Day) 1908 (Year)

8. AGE: ✓ Years 39 Months 7 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace: Norborne (City, town, or county) Missouri (State or foreign country) 9
10. Usual occupation: Waitress
11. Industry or business:

FATHER
12. Name: unk 9
13. Birthplace: unk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unk
15. Birthplace: unk (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs. Hazel Keller
(b) Address: 1629½ Frederick, St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: Stanley Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 5-28-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 21st year: 1948 hour: 4:30 minute: a M.
21. I hereby certify that I attended the deceased from: Nov 1947 to May 20 1948 that I last saw her alive on May 20 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Aortic Insufficiency	1 yr
Due to: Oedema of the Lungs	2 mos
Congestive Heart failure	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: no

92a

PHYSICIAN
Underline the cause of 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:

23. Signature: H. F. Mundy (M. D. ~~or other~~)
Address: 404 So 3d, St. St Joseph, Mo. Date signed: 5/21/48

Jefferson City Printing Co. (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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.