

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 131

1. PLACE OF DEATH

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Woodland Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital 4 days  
(Specify whether  
In this community 4 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21  
(c) City or town Keytesville 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMETT GUENN FUNKERSON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 1

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1  
6. (b) Name of husband or wife John B. Funkerson 6. (c) Age of husband or wife if alive 48y 21 years  
7. Birth date of deceased: Dec 14 - 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 22 hr. min.

9. Birthplace Grundy County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stock man

11. Industry or business

12. Name Peter Edward Funkerson  
13. Birthplace Va. (City, town, or county) (State or foreign country)  
14. Maiden name E. Egan  
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Funkerson

(b) Address Keytesville

17. (a) Burial (b) Date thereof May 9th 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director W. J. Samuels

(b) Address Keytesville

19. (a) 5-9-48 (b) Leah Funkerson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 14  
year 1948 hour 1 minute 4.59 M.

21. I hereby certify that I attended the deceased from Mar 6th 1948, 19... to May 6th 1948;  
that I last saw h. in live on May 5th, 19...;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic heart disease

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Auricular Fibrillation  
(Include pregnancy within 3 months of death)

Major findings: Of operations 737  
Of autopsy \_\_\_\_\_

Duration  
?  
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? \_\_\_\_\_

While at work? No (Specify type of place) (c) Means of injury 0  
23. Signature Thos. S. Fleming (M. D. # 11111)  
Address Moberly, Mo. Date signed 5/9/48

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

SEP 7 1948

MAY 25 1948  
RECEIVED  
District Health Officer No. 5-48-88  
District File Number  
Date Filed MAY 17 1948

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**