

FILED JUL 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20402

State File No. _____

Registration District No. 282

Primary Registration District No. 5979

Registrar's No. 71

1. PLACE OF DEATH
(a) County Polk
(b) City or town Mansuville Rt 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mansuville Rt 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Mansuville Rt 1
(If outside city or town limits, write "RURAL")
(d) Street No. S.W. of Mansuville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME WILLIAM PLEASANT FUNKHOUSER
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26
year 1948 hour 6:15 A.M. minute _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Cora April
(c) Age of husband or wife if alive 61 years
7. Birth date of deceased 22 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 26, 1948 to June 26, 1948
that I last saw him alive on June 26, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 2 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Gunshot wounds in chest.
Duration _____

9. Birthplace Gene Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Farmer

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

MOTHER FATHER

11. Industry or business Farming
12. Name James D. Funkhouser
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia McCarty
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

Major findings: Of operations ✓
Of autopsy None
PHYSICIAN 16
Underline the cause to which death should be charged statistically.

16. (a) Informant Cora Funkhouser
(b) Address Mansuville Rt 1
17. (a) Burial (b) Date thereof June 28, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Lambert

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 26, 1948
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

18. (a) Signature of funeral director W. J. ...
(b) Address Springfield, Mo.
19. (a) July 1, 1948 (b) Ralph Gardner
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place)
(c) Means of injury Driver
23. Signature William P. ...
Address Galena, Mo. Date signed 6/26/48

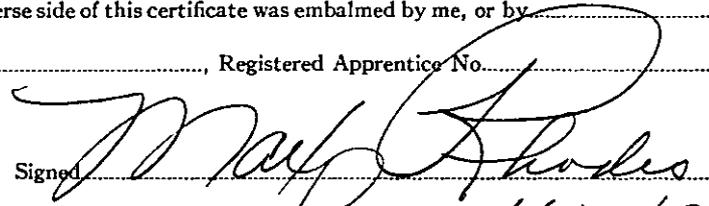
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REBELLS
District Health Officer No. 7,
District File Number 6-48-76 E
Date Filed 7-8-82

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. 40710

P. O. Address Springfield

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.