

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

REV. 5-11-59 I 11851

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21768**

Registration District No. **340**

Primary Registration District No. **34054203**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison
 (b) City or town New Hampton
(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 Entire life
years, months or days

3. (a) PRINT FULL NAME MARGRET ANN FUNK

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ruby M Funk 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 17 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>5</u>	hr. min.

9. Birthplace Harrison Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Edward Smith

13. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances R Clayton

15. Birthplace Jessell Co Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature R M Funk

(b) Address New Hampton Mo

17. (a) Burial (b) Date thereof June 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Cemetery

18. (a) Signature of funeral director W G Noble

(b) Address New Hampton Mo

19. (a) July 1 1941 (b) Jessell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
 (c) City or town New Hampton
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
 year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 16, 1941, to June 22, 1941;
 that I last saw her alive on June 19, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
 Due to _____
 Due to 46

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

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

23. Signature W G Noble (M. D. or other)
 Address New Hampton Date signed July 1 1941

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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.....

W. G. Noble....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. G. Noble*.....

Licensed Embalmer No. *2904*.....

P. O. Address *New Hampton MO*.....

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, above space should be left blank.