

AUG 4

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25206
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township 1 Primary Registration District No. 3008 Registered No. 180
(c) City Fulton or (d) Street No. State Hosp. #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 25 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 520 Rutledge Ave. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie McCabe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1859
7. AGE YEARS 79 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Wallis Funk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mahallea Parcells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) State Hosp. #1 Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edina, Mo. DATE July 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. G. Mumpkin 700 Court St. Fulton, Mo.

20. FILED July 6, 1939 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939 to July 6, 1939
I last saw him alive on July 6, 1939. Death is said to have occurred on the date stated above at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer (Adenocarcinoma of Cervical glands with gen. metastases)
Other contributory causes of importance: Myocardial Pathology, Atherosclerosis, Secondary Anemia

Name of operation Date of
What test confirmed diagnosis? By Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo. F. Wood, M. D.
(Address) State Hosp. #1 Fulton, Mo.

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.

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.....

John D. Batchelder, Registered Apprentice No. 192
working under my personal supervision.

Signed Glen Y. Mangin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.