

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 5

REC'D FEB 1940

1. PLACE OF DEATH:  
(a) County Macon Co.  
(b) City or town Macon  
(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 25 yrs years, months or days

3. (a) PRINT FULL NAME Andrew Neunaker  
3. (b) If veteran, name war  3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Neunaker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 5th 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 10  
If less than one day  hr.  min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming Retired

11. Industry or business \_\_\_\_\_  
MOTHER FATHER  
12. Name Sgnatzions Neunaker  
13. Birthplace Germany  
14. Maiden name Rosa Haddner  
15. Birthplace Oberndorf, Württemberg, Germany

16. (a) Informant's own signature Mrs William Godson  
(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 1-17-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethlehem Quatory, Church, Stephens & Gooding

18. (a) Signature of funeral director Stephens & Gooding  
(b) Address Macon, Mo.

19. (a) 21240 (b) Seaton Neunaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Macon  
(c) City or town Macon  
(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. 45 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15  
year 1940 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 6 1939 to Jan 10 1940, that I last saw him alive on Jan 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of colon affecting ascending & transverse portions  
Duration: ?

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) H<sup>2</sup>O

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

(Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature E. S. Hunsinger (M. D. or other) DO  
Address Macon, Mo Date signed Feb 19 1940

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

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

RECEIVED

District Health Officer No. 10

District File Number 2-40-298

Date Filed FEB 5 1940

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.....

*C. S. Stephens*

Registered Apprentice No.....

working under my personal supervision.

Signed *C. S. Stephens*

Licensed Embalmer No. 3057

P. O. Address Macon, 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.