

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

Registration District No. **533**

Primary Registration District No. **5713**

Registrar's No. **71**

1. PLACE OF DEATH: **Macon**
 (a) County **Macon**
 (b) City or town **Rural Hudson Mo.**
 (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 **2**
 In this community **34 yrs**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Macon**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **-** years.

3. (a) PRINT FULL NAME **Charles Shunk**
 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 **Ethel M. Shunk** 6. (c) Age of husband or wife if alive **56** years
 7. Birth date of deceased **May 12 1876**
 (Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **10** If less than one day hr. min.

9. Birthplace **Piper City Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Harving**

11. Industry or business **-**

12. Name **Louis Shunk**
 13. Birthplace **Germany** (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Wagner**
 15. Birthplace **Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mark Nelson**
 (b) Address **Macon Mo.**

17. (a) **Burial** (b) Date thereof **11-24-1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **San Mela Baptist**

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

19. (a) **127540** (b) **Se. J. Venturi**
 (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **22nd**
 year **1940** hour **6** minute **00** P.M.
 21. I hereby certify that I attended the deceased from **Nov 16**
 19**40** to **Nov 22** 19**40**
 that I last saw h **KM** alive on **Nov 22** 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolism**
 Other conditions **Hypertension & Atherosclerosis**
 (Include pregnancy within 3 months of death)
 Due to **949**
 Due to **949**
 years **several**

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 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?

476 (Specify type of place) (e) Means of injury
 While at work?
 23. Signature **E. S. Horsinger** (M. D. or other) **MD**
 Address **118 1/2 Vine St Macon Mo** Date signed **Dec 3 1940**

RECEIVED

District Health Officer No. 10

District File Number 12-40-2271

Date Filed DEC 11 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~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

C. L. 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.