

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25165**

FILED JUL 30 1948

National Office of Vital Statistics

Registration District No. **337**

Primary Registration District No. **4496**

Registrar's No. **64**

1. PLACE OF DEATH:
 (a) County **Shelby**
 (b) City or town **Shelbyville**
 (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 **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Shelby**
 (c) City or town **Shelbyville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MARY VAN THUN**
 3. (b) If veteran, name war **-**
 3. (c) Social Security No. **-**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Henry Van Thun**
 6. (c) Age of husband or wife if alive **11** years
 7. Birth date of deceased **Dec - 11 - 1870**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **16**
 If less than one day **- hr. - min.**

9. Birthplace **Shelby Co. Mo.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

11. Industry or business _____
 12. Name **John Kunschauer**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Catherine Kunschauer**
 15. Birthplace **Australia**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. W. Schuanda**
 (b) Address **Shelbyville, Mo.**

17. (a) **Burial** (b) Date thereof **June 28 - 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation **St. Hope Cemetery**

18. (a) Signature of funeral director **E. P. Thompson**
 (b) Address **Shelbyville, Mo.**

19. (a) **July 21 - 48** (b) **Beeth J. J. J.**
 (Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **27**
 year **1948** hour **10:00** minute **0** M.
 21. I hereby certify that I attended the deceased from **July 7 - 1947** to **June 27 - 1948**
 that I last saw her alive on **June 27 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative myoarthritic**
 Due to **Arterio Sclerosis**
 Other conditions **She had had a paralytic stroke some two years ago**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **MB**
 Of autopsy **CP**

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)
 While at work? _____ (e) Means of injury **0**
 23. Signature **R. C. Walker** (M. D. _____)
 Address **Shelbyville Mo.** Date signed **7-2-48**

Duration **7**
 Duration **7**
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

MOTHER FATHER

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

AUG 1 8 1948

RECEIVED

District Health Officer No. 1

District File Number 7-48-15

Date Filed JUL 28 1948

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 _____

..... Myself, Registered Apprentice No. _____
working under my personal supervision.

Signed E.P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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, fact should be so stated above.