

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED FEB 13 1947

State File No. _____
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 2001

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

149
2
5

1. PLACE OF DEATH:

(c) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 36 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2129 Pearl
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Augusta E. Shunk

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1947 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from June 21, 1945, to January 16, 1947.
that I last saw her alive on January 16, 1947.
and that death occurred on the 16 day and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry E. Shunk 6. (c) Age of husband or wife if
alive 60 years

7. Birth date of deceased February 23 1884
(Month) (Day) (Year)

Immediate cause of death absolute bowel obstruction 1 wk.

Due to Carcinoma of colon 3 yr.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>24</u>	_____ hr. _____ min.

Due to _____

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

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy H&E

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. Herman

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

14. Maiden name No Record

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Henry E. Shunk

(b) Address 2129 Pearl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/47
(Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem. Cem.

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? _____

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo

19. (a) 1-20-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

23. Signature [Signature] (M.D. or other) _____

Address 308 Trisco Bldg Joplin Date signed 1-20-47

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47-1-65

MS APR 16 1959

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 *Robert M. King*

Licensed Embalmer No. *3566*

P. O. Address *St. Louis Missouri*

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.