DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18822

Registration District No. 155 Primary Registration District No. 5619 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town FRNKLIN [illegible] (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 (Specify whether years, months or days) In this community ALL his LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE

(c) City or town Rural ORLA MO (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.? years.

3. (a) PRINT FULL NAME FRED NUNN SOD

3. (b) If veteran, name war

3. (c) Social Security No. HAD NONE

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JUNE (Month) 9 (Day) 1885 (Year)

8. AGE: Years 54 Months 11 Days 16 If less than one day hr. min.

9. Birthplace LACLEDE Co (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name RICHARD F NUNN
13. Birthplace (City, town, or county) KY (State or foreign country)

MOTHER
14. Maiden name SALLY ANN BOSTON
15. Birthplace (City, town, or county) KY (State or foreign country)

16. (a) Informant's own signature Mrs Lom Mosley

(b) Address LEBANON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 26 40 (Month) (Day) (Year)

(c) Place: burial or cremation McBRIDE CEM.

18. (a) Signature of funeral director Palmer's [illegible]

(b) Address Lebanon Mo.

19. (a) May 30, 1940 (Date received local registrar) (b) Mrs. Vida Lambeth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 ~~May 25~~, 194 , to May 26, 1940 that I last saw him alive on May 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma rectum	2 yrs.
Due to	
Due to 4b	
Other conditions (Include pregnancy within 3 months of death)	
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)

While at work? (e) Means of injury

23. Signature H. A. Hamilton (M. D. or other)

Address Lebanon, Mo Date signed 5-26-40

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed D A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.