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FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15251

State File No. 2

Registration District No. 593

Primary Registration District No. 4351

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Montgomery  
 (b) City or town New Florence  
(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  
 In this community 10 yrs (Specify whether  
 years, months or days)

**3. (a) PRINT FULL NAME** Henry W. Nunnelly  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 2/16/1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Morrison Station Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name William Nunnelly  
 13. Birthplace no (City, town, or county) (State or foreign country)  
 14. Maiden name no  
 15. Birthplace no (City, town, or county) (State or foreign country)

16. (a) Informant Howard Nunnelly  
 (b) Address New Florence Mo

17. (a) Burial (b) Date thereof 4/27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Florence Cem

18. (a) Signature of funeral director C. W. Hopkins  
 (b) Address Montgomery City Mo

19. (a) 4-27-41 (b) James O. Helm  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Montgomery  
 (c) City or town New Florence  
(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.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 26  
 year 1941 hour 12 minute 15p M.

21. I hereby certify that I attended the deceased from April 2  
 1941, to April 26, 1941;  
 that I last saw him alive on April 25, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 6 days

Due to Influenza 20 days

Due to \_\_\_\_\_

Other conditions no  
(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?  
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While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature James O. Helm (M. D. or other) \_\_\_\_\_  
 Address New Florence mo. Date signed 5/5/41

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

**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, xx on the 2  
day of April 1941, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. I487

P. O. Address Montgomery City 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, above space should be left blank.**