. No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21993

State File No.

Registration District No. 449 Primary Registration District No. 4267 Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.S. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE 52
(c) City or town LEBANON 1
(If outside city or town limits, write "RURAL")
(d) Street No. LINCOLN ST 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Tommy Joe, Raymond NUNN
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced (S) NGELE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 21 (Day) 1940 (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	3	18	hr. min.

9. Birthplace LEBANON (City, town, or county) O MO (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name JESSIE NUNN
13. Birthplace BUFFALO (City, town, or county) O MO (State or foreign country)
MOTHER
14. Maiden name IVA WALKER
15. Birthplace GANS (City, town, or county) 1 OKLA (State or foreign country)
16. (a) Informant Bill Walker
(b) Address R.S. Lebanon Mo
17. (a) BURIAL New Hope (Burial, cremation, or removal) (b) Date thereof May 12 41 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope
18. (a) Signature of funeral director PALMER US 40 11
(b) Address LEBANON MO.
19. (a) 6-11-41 (Date received local registrar) (b) J. A. McComb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11 year 1941 hour 12 minute 50 A M.
21. I hereby certify that I attended the deceased from June 2, 1941, to June 2, 1941; that I last saw him alive on June 2d, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Enteritis	
Due to Feeding	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

119 A

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 J. L. Rueage (M. D. or other) O
Address Lebanon Mo. Date signed 6/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1153
Date Filed 7-10-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.