S. No. 2
M—5-42
v. 5-17-39
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17459

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 3

Primary Registration District No. 3007

Registrar's No. 176

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

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 minutes (Specify whether years, months or days)
In this community 1 hour

2. USUAL RESIDENCE OF DEACESED:
(a) State: Tenn. (b) County: Henry
(c) City or town: 329 Edgewood, Paris, Tenn.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jimmie Nuttle

3. (b) If veteran, name war: - -

3. (c) Social Security No.

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: July 31, 1942 (Month) (Day) (Year)

8. AGE: Years: NO Months: 8 Days: 1 If less than one day hr. min.

9. Birthplace: East Bernard, Texas (City, town, or county) (State or foreign country)

10. Usual occupation: Baby

11. Industry or business

FATHER
12. Name: Gene V. Nuttle
13. Birthplace: Arnold, Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Cecile Hruzek
15. Birthplace: Wallace, Texas (City, town, or county) (State or foreign country)

16. (a) Informant: Gene Nuttle
(b) Address: Paris, Tenn.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Garden City, Kansas

18. (a) Signature of funeral director: Greer Croy
(b) Address: Poplar Bluff, Missouri

19. (a) 6-2-43 (Date received local registrar) (b) Dell Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1, 1943 year hour 10 minute 45 p. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Pneumonia, lobar left lung

Due to: prolonged whooping cough

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

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): no
(b) Date of occurrence: no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? no (e) Means of injury: none

23. Signature: [illegible] coroner deputy (M. D. or other)
Address: Poplar Bluff, Missouri Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 63-793
Date Filed 6-7-63

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. 13474

P. O. Address Poplar Bluff

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.