DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 33

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17681

Primary Registration District No. 3010

Registrar's No. 162.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 26 hours

2. USUAL RESIDENCE OF DECEASED: 100

(a) State: Mo (b) County: Scott

(c) City or town: Chaffee
(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: Sarah Catherine Nunn

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: female

5. Color or race: White

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

6. (b) Name of husband or wife: George W Nunn

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: May (Month) 19 (Day) 1869 (Year)

8. AGE: Years 75 Months 1 Days 19 If less than one day hr. min.

9. Birthplace: Near Fredericktown Mo (City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: ✓

MOTHER FATHER

12. Name: Enoch Bhanzenship

13. Birthplace: Don't Know (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Hester

15. Birthplace: Don't now. (City, town, or county) (State or foreign country)

16. (a) Informant: Will Nunn

(b) Address: Chaffee, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cape Co Mo

18. (a) Signature of funeral director: Bisplinghoff & Hubbard

(b) Address: Chaffee Mo

19. (a) 5-11-44 (Date received local registrar) (b) G. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1944 hour 1740 minute P M.

21. I hereby certify that I attended the deceased from May 1943, 19__, to May 8, 1944, 19__, that I last saw her alive on May 8, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	6 Days
Due to: Hypertension	5 yrs
Due to: Arterial Sclerosis Diffuse	5 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 97

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: W. O. Turner (M. D. or Coroner)

Address: Chaffee Mo Date signed 5/10/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 644
6-7

SEP 30 1949

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 Marvin Breplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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, fact should be so stated above.