

S. No. 2
M-5-42
7. 5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28372

FILED SEP 13 1944

Registration District No. 258

Primary Registration District No. 4355

Registrar's No. 36

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid 4
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOLA NUNN

3. (b) If veteran, name war No

3. (c) Social Security No. No.

20. DATE OF DEATH: Month Aug day 2 year 1944 hour 8:00 minute 2 A.M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife James Wiley Nunn 6. (c) Age of husband or wife if alive 91 years

7. Birth date of deceased FEB. 27 - 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/3, 1944, to 8/2, 1944; that I last saw her alive on 8/2, 1944; and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 5 Days 5 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerotic heart disease & Hypertension & edema

Due to _____

9. Birthplace unk Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation House work

Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business unk

12. Name James Thomas

13. Birthplace unk Georgia
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk unk
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Wiley Nunn

(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof Aug. 5 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sipeston

18. (a) Signature of funeral director Richard and Co.

(b) Address New Madrid, Mo.

19. (a) 8-25-44 (b) Nelson Louis Jones
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address New Madrid Date signed 8/2/44

1218 (Licensed Embalmer's Statement on Reverse Side)

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

72
33
0

RECEIVED

District Health Office No. 2,

District File Number 944-1251

Date Filed 9-12-44

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

Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address

New Madrid Mo

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.