

S. No. 2  
DM-5-43  
v. 5-17-39  
v. 1 X36671

FILED SEP 14 1945

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7728

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Union 999  
(c) City or town Sturgis 115  
(If outside city or town limits, write "RURAL") NR 7  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA JANE Nunn

3. (b) If veteran, name war Nil  
3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mark Nunn  
6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September 13 1903  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Owensboro Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

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

MOTHER FATHER

12. Name Walter Kern

13. Birthplace Owensboro Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mark Nunn

(b) Address Sturgis, Kentucky

17. (a) Removal (b) Date thereof 9-1-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henderson, Kentucky

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 4 1945 (b) J. F. Bredet  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1  
year 1945 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from August 29  
1945 to Sept 1, 1945;  
that I last saw her alive on Sept 1, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Granuloc pneumonia  
Lymphoma - probably  
Lymphocarcinoma  
of liver, spleen +  
Lymph nodes  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration  
1 day  
1 yr.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Lymphoma involving  
liver, spleen, + lymph nodes

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 Leonard W. Ritzman (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 9-1-45

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

8222

8222

**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 *Elmer R. Sadwell*

Licensed Embalmer No. *4077*

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.**