S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42796

State File No.

FILED JAN 11 1946

Registration District No. 372 Primary Registration District No. 62-64-4543 Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Webster

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

(c) Name of hospital or institution: /
(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: 112

(c) City or town: Rural Hazlewood Twp.
(If outside city or town limits, write "RURAL")

(d) Street No.: 8 Mi North of Seymour 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Claude Dean Nunn

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: 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 26 (Day) 1943 (Year)

8. AGE: Years 2 Months 6 Days 14 If less than one day hr. min.

9. Birthplace: Webster (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Noble Nunn
13. Birthplace: Webster (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Bertha Cantrell
15. Birthplace: Webster (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: John Cantrell
(b) Address: Marshfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 9 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Liberty Cem

18. (a) Signature of funeral director: Kelley-Sewell
(b) Address: Seymour Mo

19. (a) Dec 10 (Date received local registrar) (b) Gilbert Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1945 hour 10 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov. 1, 1945, to only, 19..; that I last saw him alive on Nov. 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, Bronchial	7 days
Due to: Acute Upper Resp. Infect.	10 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 107	

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: 0

23. Signature: C.P. Macdonald (M. D. or other) M.D.

Address: Marshfield Mo Date signed 11/15/45

106 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6.
District File Number 14-6-39
Date Filed JAN 9 1946

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 K. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.