No. 2
2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22426

Registration District No. 334 Primary Registration District No. 6117 Registrar's No. 91193

1. PLACE OF DEATH:

(a) County Scott ~~Tuxeppity Twnshp~~ Sandy Woods

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

(c) Name of hospital or institution: R #2 Sikeston, Mo. 3 miles east of Blodgett, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Practically all of life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 156

(c) City or town Blodgett (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. R#2, Sikeston, Missouri 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Luther Lavanda Nuckles

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Martha Elizabeth Nuckles 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 16 (Month) (Day) 1870 (Year)

8. AGE: Years 76 | Months 1 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Caldwell County (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

PATHER
12. Name Casual Nuckles
13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace Unknown (City, town, or county) Unknown 0 (State or foreign country)

16. (a) Informant Martha Elizabeth Nuckles 1
(b) Address R# 2, Sikeston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation Morley, Missouri

18. (a) Signature of funeral director John F. Nunnelee Jr.
(b) Address Charleston, Missouri.

19. (a) ..... (Date received local registrar) (b) Nyro E. J. Menstetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 3 minute 30 p M.

21. I hereby certify that I attended the deceased from Dec, 1940 to 4/28, 1946 that I last saw him alive on 4-28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Vascular Hypertension	9

Major findings:
Of operations .....
Of autopsy .....

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 J A Clem (M. D. ~~or other~~)
Address Oran Mo Date signed 4/28/46

304

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 646-739
Date Filed 6-17-46

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.