S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

m 696

State File No.

FILED JAN 24 1947

Registration District No. 24

Primary Registration District No. 5423

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rural
(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 Missouri (b) County Dunklin 35

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Infant Nunnery

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Jan - 6 - 1947
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. 45 min.

9. Birthplace Rural Senath, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Joel Nunnery
13. Birthplace Paris, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis M. Shuck
15. Birthplace Huggart, Ark (City, town, or county) (State or foreign country)

16. (a) Informant Joel Nunnery
(b) Address

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Jan. 7-1947 (Month) (Day) (Year)
(c) Place: burial or cremation McGrew

18. (a) Signature of funeral director McDaniel Funeral Sr.
(b) Address Senath, Mo.

19. (a) 1-13-1947 (Date received local registrar) (b) Mrs J. H. Lanier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1947 hour minute 45 M.

21. I hereby certify that I attended the deceased from Jany 6, 1947, to January 6, 1947;
that I last saw him alive on Jany 6, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature 5 months	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature Robert E. Martin (M. D. or other) MD
Address Senath Mo Date signed 1-12-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2,
District File Number 147-113
Date Filed 1-20-47

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 Not Embalmed, Registered Apprentice No.....,

working under my personal supervision.

Signed Arthur L. McDaniel

Licensed Embalmer No. 2093

P. O. Address Lenath 20

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.