. S. No. 2
M—1/47
. 5-17-39

53
1
2

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 26 1948
Registration District No. 170

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

5342
State File No.
Registrar's No. 13

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(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 since Aug. 1947.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Oakland 0
(If outside city or town limits, write "RURAL")
(d) Street No. R # 2 0
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Edward 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 Married
6. (b) Name of husband or wife Sarah Jones Nunn
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Jan. (Month) 29 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	—	4	hr. min.

9. Birthplace Kentucky (City, town, or county) / (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Frank Nunn /
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sally Ann Boston
15. Birthplace Kentucky (City, town, or county) / (State or foreign country)
16. (a) Informant Mrs. C.A. Chambers
(b) Address Conway Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation McBride Cemetery
18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon, Mo.
19. (a) 2/17/48 (Date received local registrar) (b) Tessie B. Lynly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 14, 1948, to Feb. 3, 1948;
that I last saw him alive on Jan. 30, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	5 hrs.
Due to Carcinoma of stomach	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 46 B	

PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature H.W. Carrington (M. D. or other) M.D.
Address Lebanon, Mo. Date signed 2/4/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Received 2/24/48

Laclede County Health Unit

File No. ~~2/48/25~~ 2/48/21

Date Filed 2/48/250

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.