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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8275

FILED MAR 25 1948

State File No. _____

Registration District No. 82

Primary Registration District No. 3017 4445311

Registrar's No. 37

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

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Pilot Grove Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
Specify whether
 In this community 72 yrs 11 mo 27 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper
 (c) City or town Pilot Grove 27
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRIME FULL NAME CATHERINE - NUNN

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

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

6. (b) Name of husband or wife Ross Nunn 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased march 15 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>27</u>	hr. _____ minn _____

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name Jacob Schick

13. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Christine Zeller

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

16. (a) Informant Della Meredith

(b) Address Pilot Grove, Mo.

17. (a) Burial (b) Date thereof 3 15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Cemetery

18. (a) Signature of funeral director Hays - Painter
 (b) Address Pilot Grove, Mo

19. (a) 3-15-48 (b) W. Hooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11
 year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from January 1948 to MARCH 11 1948

that I last saw him alive on February 20 1948

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration _____

Due to Coronary Insufficiency of long standing 2 yrs

Due to Arteriosclerosis & Hypertension ?

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? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature G. T. Humphreys (M. D. or other) 0

Address Pilot Grove, Mo Date signed 3/12/48

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 3-24-48

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 _____

working under my personal supervision.

myself

_____, Registered Apprentice No. _____

Signed: *Robert L. Painter*

Licensed Embalmer No. 4069

P. O. Address. *Pilot Grove, MD*

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.