

WRITE PLAINLY—USING UNFADING BLACKINK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1948
Registration District No. 170

23429
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23428
State File No. 8-98-88
Registrar's No. 84

Primary Registration District No. 3033

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Since 1939 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 107 N. Phail St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES FLOYD NUNN
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1948 hour 10 minute 35 A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amanda Jane 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Sept. 2, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/20/48, 19....., to 7/26/48, 19.....
that I last saw him alive on 7/20/48
and that death occurred on the date and hour stated above.
Immediate cause of death myocardium

Duration 3 months
4.5 years
?

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>24</u>hr.min.

Due to cerebral sclerosis
Due to essential hypertension

9. Birthplace Dallas Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions..... (Include pregnancy within 3 months of death)

11. Industry or business.....
12. Name Sterling Nunn
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cheek
15. Birthplace unknown (City, town, or county) (State or foreign country)

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

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Otis Nunn (son)
(b) Address Lebanon, Mo.
17. (a) Burial (b) Date thereof 7-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marshfield Mo.
18. (a) Signature of funeral director W.E. Helman
(b) Address Lebanon, Mo.
19. (a) 8-4-48 (b) Jessie B. Long
(Date received local registrar) (Registrar's signature)

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 Roe W. Frolich, M.D. (M. D. or other)
Address Lebanon, Mo Date signed M.D.

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.