

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3882

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 232

0117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 5 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2728 1/2 Lafayette St.		d. STREET ADDRESS (If rural, give location) 2728 1/2 Lafayette St.	
3. NAME OF DECEASED (Type or Print) George		a. (First) W. c. (Last) Nunn	4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1951
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 21, 1907
9. AGE (In years last birthday) 43		10. KIND OF BUSINESS OR INDUSTRY insurance salesman	11. BIRTHPLACE (State or foreign country) Missouri 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) insurance salesman		11b. KIND OF BUSINESS OR INDUSTRY insurance company	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Nunn		13b. MOTHER'S MAIDEN NAME Ira Mae unknown	14. NAME OF HUSBAND OR WIFE Mrs. Katherine Nunn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katherine Nunn 2728 1/2 Lafayette St. St. Joseph Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted knife wounds in throat and left wrist severing the right jugular vein and left radial artery.		INTERVAL BETWEEN ONSET AND DEATH 1 day	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) left wrist severing the right jugular vein and left radial artery.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) His Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 22 - 1951 5:00 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? His pocket knife	
22. I hereby certify that I examined the deceased from on 2/22, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 P.m., from the causes and on the date stated above.			
23a. SIGNATURE H F Mundy M.D. (Coroner)		23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 2/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/24/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
DATE REC'D BY LOCAL REG. Mar 3, 1951	REGISTRAR'S SIGNATURE Carl C. Casto	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home St. Joseph Mo.	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Joseph, 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.