

No. 17-30
X231

STANDARD CERTIFICATE OF DEATH

State File No. 43379

JAN 21 1941
Registration District No. 104

Primary Registration District No. 585

Registrar's No.

Copy 104 Copy

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Cooper Hill - R. No. 1
(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 5 mo - 16 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Robert Cyrus Nunley

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 Colten Nunley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 25 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 11 6 hr. _____ min.

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

10. Usual occupation Auto Service Mgr

11. Industry or business Garage

12. Name Phy. Nunley

13. Birthplace Diedricksburg, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emma Baker

15. Birthplace Cooper Hill, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Nunley

(b) Address 5320 Colten Drive

17. (a) ~~Chas Nunley~~ (b) Date thereof Oct 13 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma Cemetery

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Linn Mo

19. (a) Jan 10 1941 (b) Geneva Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1940 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 8, 1940, to Oct 11, 1940;
that I last saw him alive on Oct 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease

Due to _____
Due to 72

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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? U7A
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. Charles H. Beach (M. D. or other) _____

Address Bland, Mo #3 Date signed _____

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

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.....

Vernon Morton

Registered Apprentice No. *4125*

working under my personal supervision.

Signed *Vernon Morton*

Licensed Embalmer No. *4125*

P. O. Address.....

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.