

No. 2  
4-12-40  
-17-39  
I 23185

MAR 11 1941  
Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution: 1718 Holman St. 1  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days 18 hr. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Floyd Eugene Nunley

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race negro

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years 23 (Day) 23 (Year) 1941

7. Birth date of deceased (Month) Feb (Day) 23 (Year) 1941

8. AGE: Years 0 Months 0 Days 1 If less than one day 18 hr. min.

9. Birthplace St Joseph Mo D  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Floyd Eugene Nunley

13. Birthplace Nashville Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Doster

15. Birthplace Shreve Louisiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Eugene Nunley

(b) Address 1718 Holman

17. (a) Burial (b) Date thereof 2/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aspland Cemetery

18. (a) Signature of funeral director Ramsay S. Orr

(b) Address 1602 West 1st St

19. (a) 2/26/41 (b) N. M. Mittlebusch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph, Mo. 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 1718 Holman 7  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 2 days, years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 24  
year 1941 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 23  
1941 to Feb 24, 1941  
that I last saw him alive on Feb 24, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Schrenema  
Duration 1 day

Due to malnutrition

Due to —

Other conditions 161C  
(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? 85

(Specify type of place) 85  
While at work? 85 Means of injury 85

23. Signature Fenton D. Woodson (M. D. or other) S.D.D.  
Address 169 1/2 W. 700 ave Date signed 2/26/41

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4081

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.**