

S. No. 2
4-13-40
5-17-39
I-X23179

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7969

MAR 25 1941

State File No. _____

Registration District No. 750

Primary Registration District No. 4451

Registrar's No. 1737

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan
(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 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91

(c) City or town Doniphan.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME John Hamilton Nunnelee.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1941 hour 12 minute 07 PM.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced / Married

7. Birth date of deceased: 7- (Month) 22- (Day) 1858 (Year)

21. I hereby certify that I attended the deceased from 1-29- 1941, to 3-3- 1941; that I last saw ~~him~~ her alive on 3-3- 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>11</u>	hr. _____ min.

Immediate cause of death Brain hemorrhage Duration 5 days

Due to Arterial sclerosis

9. Birthplace Hickman Co., Tennessee!
(City, town, or county) (State or foreign country)

10. Usual occupation Probate Judge,

Due to _____

Other conditions (\$200)
(Include pregnancy within 3 months of death)

11. Industry or business County official

12. Name Marcus L. Nunnelee

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

14. Maiden name Mary Jane Foulks

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. F. Nunnelee,
(b) Address Blogett, Mo.

17. (a) Burial (b) Date thereof 3-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo.

18. (a) Signature of funeral director W. Jordan
(b) Address Doniphan, Mo.

19. (a) 3-4-41 (b) ES Johnston
(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? 674
(Specify type of place)

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

23. Signature J. Eddy Adamson (M. D. section) 0
Address Doniphan, Mo. Date signed 3-4-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 341427

Date Filed _____

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 J. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Doniphan

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.