

Registration District No. ~~100~~

Primary Registration District No. ~~295~~ (4180)

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Union  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Franklin County Infirmary 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRENT FULL NAME Samuel Nunn

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Singler

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 25 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. R. Nunn

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

14. Maiden name Martha Davison

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

16. (a) Informant R. W. Disaron

(b) Address Villa Ridge, Mo.

17. (a) Burial (b) Date thereof 10-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gray Summit, Mo

18. (a) Signature of funeral director Wm. H. How

(b) Address Union, Mo.

19. (a) 10-12-41 (b) Louis F. How  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9  
year 1941 hour 10 minute 50 p.m.

21. I hereby certify that I attended the deceased from Dec 38 to Oct 9, 1941  
that I last saw him alive on 10-8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Caecocoloma of stomach Duration 6 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Wm. H. How (M. D. or other) W. H.

Address Union Mo Date signed 10-11-41

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

6  
5  
0

36  
5

D

0

Duration  
6 mo

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

H6K

857

**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 W. H. Horn

Licensed Embalmer No. 3175

P. O. Address Union, 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, above space should be left blank.**