

Registration District No. 111

Primary Registration District No. 5426

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Liquidia
(b) City or town Gray Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Graves
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Gray Summit
(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.? 0 years

3. (a) PRINT FULL NAME Thomas Archie Nunn

8. (b) If veteran, name war No 8. (c) Social Security No. None

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

6. (b) Name of husband or wife SARAH ELIZABETH NUNN 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec 28 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Wakabayashi 9
13. Birthplace Wakabayashi (City, town, or county) (State or foreign country)
14. Maiden name Wakabayashi 9
15. Birthplace Wakabayashi (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Blanch Nunn
(b) Address Gray Summit Mo

17. (a) Burial (b) Date thereof 3- (Month) (Day) (Year)
(c) Place: burial or cremation Gray Summit Mo

18. (a) Signature of funeral director Conroy & Co
(b) Address St. Clair Mo

19. (a) 3/8/43 (b) Blanch O. Pletcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7
year 1943 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 29, 1943 to March 29, 1943
that I last saw him alive on March 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
92%

Due to _____
Due to _____

Other conditions Hypertrophy of prostate gland
(Include pregnancy within months of death)
Major findings: ✓
Of operations _____
Of autopsy ✓

Duration 2 years

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

23. Signature Henry E. Bartholomew (M. D. or other)
Address Pacific Mo Date signed 3-8-43

WALL FLAINLI—USE UNFADING BERK INK—MAKE A PERMANENT RECORD
N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1081

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.....

Geo. L. Huber

Licensed Embalmer No.

3098

P. O. Address.....

Pacific 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.