

Dr 105 18611

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

19-2
5-42
3-17-39

Registration District No. 69

Primary Registration District No. 5908

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Femiscot

(b) City or town Holland rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Kirkwood Truss
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Femiscot

(c) City or town Holland - Rural Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LYMAN LOUIS NUNNERY

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1943 hour 2:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male race White

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 30 1931
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Leaky Heart Duration _____
Following
nephritis

8. AGE: Years _____ Months 11 Days 24 If less than one day _____ hr. _____ min.

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation minor

11. Industry or business none

MOTHER FATHER { 12. Name Curtis Nunnery

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

14. Maiden name Carles Joyce Sanford

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

Major findings: Of operations 130

Of autopsy _____

22. If death was due to external causes, fill in the following:

16. (a) Informant Curtis Nunnery

(b) Address Holland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 16 43
(Month) (Day) (Year)

(c) Place: burial or cremation St. John Amelery, Steele Mo

18. (a) Signature of funeral director Thomas Watt

(b) Address Steele Mo

19. (a) 6-2-43 (Date received local registrar) (b) C. E. Limbaugh (Registrar's signature)

(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 D. C. Moran (M. D. or other) _____

Address Holland Mo Date signed 5-7-43

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

78
00

1201

(Licensed Embalmer's Statement on Reverse Side)

5-43-214

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.....

John H. German....., Registered Apprentice No. *344*
working under my personal supervision.

Signed..... *Joe. R. Stovall*

Licensed Embalmer No. *3100*

P. O. Address..... *Blytheville, Ark.*

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.