

No. 2  
2-43  
5-17-30  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3733F  
Registrar's No. 340

FILED DEC 9 1943

Registration District No. \_\_\_\_\_  
Primary Registration District No. 3007

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

1. PLACE OF DEATH:  
(a) County... Butler  
(b) City or town... Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution... 2 Days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Butler 112  
(c) City or town... Poplar Bluff, Rural 0  
(If outside city or town limits, write "RURAL.") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME CHESTER RAYMOND NUNNERY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 0  
6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased Nov. 20 1943  
(Month) (Day) (Year)

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

9. Birthplace Poplar Bluff 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Alex M. Nunnery

13. Birthplace Senath 0 Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Wilda Mae Garrett

15. Birthplace Naylor 0 Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Alex M. Nunnery

(b) Address Poplar Bluff, Mo. Route #1

17. (a) Burial (b) Date thereof 11-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn cemetery

18. (a) Signature of funeral director Frank Cotrell Mortuary

(b) Address Poplar Bluff Mo.

19. (a) 11-23-43 (b) Billy Starnes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22,  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11-20, 1943 to 11-22, 1943,  
that I last saw him alive on 11-22, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Neonatorum 2 days  
Premature Birth

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

Other conditions (Include pregnancy within 3 months of death) 159

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

Duration  
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 0  
23. Signature J. W. Fonda M. D. (M. D. or other)  
Address Poplar Bluff, Mo. Date signed 11-23-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1243-1541

Date Filed 12-8-43

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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 Infant was not embalmed.

Scott A. Gallett  
Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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, fact should be so stated above.