

FILED APR 10 1944
267

Registration District No. **267**

Primary Registration District No. **3049**

Registrar's No. **13**

1. PLACE OF DEATH:
(a) County **Pemiscot**
(b) City or town **Hayti**
(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 **all life**
In this community **all life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Hayti**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Frank Payne Nunn**
3. (b) If veteran, name war. **none**
3. (c) Social Security No. **490-01-2820**

4. Sex **male**
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 **1882** years
7. Birth date of deceased **Sept 17**
(Month) (Day) (Year)

8. AGE: Years **61** Months **4** Days **24**
If less than one day hr. min.

9. Birthplace **Gayoso Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired bartender**

11. Industry or business

MOTHER FATHER
12. Name **Dan Nunn**
13. Birthplace **Harrisburg Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Jonnan Wilson**
15. Birthplace **Obian County Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Lefler**
(b) Address **Hayti Mo.**

17. (a) **burial** (b) Date thereof **2/12/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hayti Mo.**

18. (a) Signature of funeral director **Valhalla Funeral Home**
(b) Address **Hayti Mo.**

19. (a) **2-17-1944** (b) **SA Johnson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **11**
year **1944** hour **3** minute **27** A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis - Liver**
Duration **10 yrs**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **124 P1**

Major findings:
Of operations _____
Of autopsy _____
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 _____ (Specify type of place)
23. Signature **Ernest Lefler** (M. D. or other)
Address **Ernest Lefler** Date signed **2/16/44**

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

3-44-53

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

Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hayti 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.