V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18488

Registration District No. 373 Primary Registration District No. 4-2-45-4545 Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: x (Specify whether years, months or days)
In this community: 20 years

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

3. (a) PRINT FULL NAME: Sterling Nunn
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Males
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Elizabeth Nunn
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: July - 7 - 1852 (Month) (Day) (Year)
8. AGE: Years 92 Months 9 Days 19 If less than one day x hr. x min.
9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm
MOTHER FATHER
12. Name: Bradford Nunn
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Tom Nunn (Son)
(b) Address: Marshfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-28-45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Marshfield
18. (a) Signature of funeral director: C. Jaines
(b) Address: Marshfield, Mo.
19. (a) Apr-30-45 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1945 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 5th 1944 to April 26th 1945 that I last saw him alive on April 25th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic and unspecified congestion of the lungs — Duration
Due to: Hypertension (vascular)
Due to: Senility with senile dementia

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

Major findings:
Of operations:
Of autopsy: NO

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

23. Signature: E. S. Macauley (M.D. or other) D.O.
Address: Marshfield Mo. Date signed: 4-26-45

1344 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 545-573
Date Filed MAY 10 1945

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 Rex Rainey

Licensed Embalmer No. B 312

P. O. Address Marshfield, 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.