

FILED MAR 10 8 1946

Registration District No. _____

Primary Registration District No. **3002**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Taken From Pilot Wabash Engine at Mexico
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery **70**

(c) City or town New Florence **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **1**

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel Nunnelly

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

6. (a) Name of husband or wife Mr G Nunnelly

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

7. Birth date of deceased June 16, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>7</u>	<u>21</u>	_____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Clay Marlow

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

14. Maiden name Fannie Allen

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

16. (a) Informant W. G. Nunnelly

(b) Address New Florence, Mo.

17. (a) Burial (b) Date thereof Feb. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Americus, Mo.

18. (a) Signature of funeral director Chas. Art. Howard

(b) Address Mexico, Mo.

19. (a) Feb 9-1946 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 8th
year 1946 hour After Mid. Night A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h alive _____, 19____;
and that death occurred on the date and as stated above.

Immediate cause of death By being accidentally struck by Wabash P. Co. engine # 1662, driven by John Early Clark, Mexico, Mo. Engineer while passing through New Florence, Mo.

Due to The body being found on the pilot of engine # 1662. May have been washed Mexico Mo. found by engineers, John Early Clark

Other conditions head Mexico Mo. found
(Include pregnancy within 3 months of death)

Major findings: Fracture of Coronal

Of operations _____

Of autopsy none

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) Accidental **70**

(b) Date of occurrence 2-8-1946

(c) Where did injury occur? New Florence, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Road Road, Trachs (Wabash)
(Specify type of place)

While at work? no (e) Means of injury P. R. Engine

23. Signature S. C. Cedamir **3** (M. D. or other) Cornel
Address Mexico, Mo. Date signed 2-8-46

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

4
2

1-10-38

MAR 29 1946

RECEIVED

District Health Officer No.

District File Number 3-4687

Date Filed MAR 13 1946

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.....

Licensed Embalmer No. 3569

P. O. Address Misses M

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.