

23 1940

Registration District No. 796

Primary Registration District No. 6039

47

1. PLACE OF DEATH:

(a) County Saline Mo.
 (b) City or town Marshall "Special"
 (If outside city or town limits, write "RURAL" and name of township)
Saline County Home #3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 mo
Life (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME LOUIS EDWARD UNDERWOOD NARRON

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color of race W 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. Nov 11 1913
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
26 3 27 hr. min.9. Birthplace Clarksville Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name John Jacob Narron
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Myrtle Narron
 15. Birthplace Putnam Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle Narron17. (a) Burial (b) Date thereof 3-10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Shilo Conn18. (a) Signature of funeral director Harry Hershberger(b) Address Marshall Mo19. (a) 3-9-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
 (c) City or town Slater "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1940 hour 8:15 minute P M.21. I hereby certify that I attended the deceased from Jan 5, 1940, to March 8, 1940
that I last saw him alive on March 2, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Tuberculosis Duration
Due toDue to
Other conditions (Include pregnancy within 3 months of death) 20Major 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 work? (Specify type of place) (e) Means of injury
23. Signature Mary Kent (M. D. or other)
Address Marshall Date signed 3/9/40

RECEIVED
District Health Officer No. 8
License File Number
Date Filed 11-9-10

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 F. E. Wilkerson
Licensed Embalmer No. 2478
P. O. Address Clinton, N.C.

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, above space should be left blank.