No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25535

Registration District No. 142 Primary Registration District No. 5693 Registrar's No.

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

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Rural Erie Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 060
(a) State Mo. (b) County McDonald
(c) City or town Rural - Erie Twp.
(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.? 0 years.

3. (a) PRINT FULL NAME John Wesley Naramore
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ida Naramore
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Dec. (Month) 15 (Day) 1860 (Year)

8. AGE: Years 80 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Newton County (City, town, or county) Mo U (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John J. Naramore
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER
14. Maiden name Johnson
15. Birthplace (City, town, or county) Ind. 1 (State or foreign country)
16. (a) Informant Frank Naramore
(b) Address Anderson Rt # 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Edmond Cemetary
18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman Mo.
19. (a) 7-10-41 (Date received local registrar) (b) Chas. W. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1941 hour 3 minute a.m.
21. I hereby certify that I attended the deceased from June, 1941 to 7/8, 1941
that I last saw him alive on 7/5, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis & Chronic nephritis	1 yr.
Due to Myocarditis & Chronic nephritis	(?)
Due to	
Other conditions (Include pregnancy within 3 months of death) 13	

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature C Cardwell (M. D. or other)
Address Stella Mo Date signed 7/28/41

707 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1392
Date Filed AUG 15 1941

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.