S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11454

Registration District No. FILED APR 7 1944 194

Primary Registration District No. 5711

Registrar's No.

1. PLACE OF DEATH:

(a) County Mc.Donald

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60 0 0

(c) City or town 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.? 0 years.

3. (a) PRINT FULL NAME Ida Bell Naramore

3. (b) If veteran, name war ---

3. (c) Social Security No. --

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife J.W. Naramore

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

7. Birth date of deceased June (Month) 7 (Day) 1869 (Year)

8. AGE: Years 74 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name -- Ball
13. Birthplace Not Known (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name -- Hutchinson
15. Birthplace Not Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Frank Naramore

(b) Address Bever, Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6 44 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director Wm Morris Pogue

(b) Address Wheaton, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

1366

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 4 year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from June 14, 1943 to Feb 2, 1943; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pneumonia	
Due to	
Due to	
Other conditions Chronic bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

10911

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. L. James (M. D. or other) DO

Address Goodman Mo Date signed 2-6-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4/5/44

District Health Officer No.

District File Number 444-65

Date Filed 4/6/44

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Weston Mo.

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, above space should be left blank.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 194 Primary Registration District No. 5711 Registrar's No. 2

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Rural Elkhorn 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 (Specify whether)
In this community (years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Ida Bell Naramore
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 7 (Month) (Day) (Year)
8. AGE: Years 74 Months 7 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) April 15-44 (Date received local registrar) O. E. Plumlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1944 hour minute 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 — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

11454