

FILED FEB 4 1946

Registrar's District No. 297 Primary Registration District No. 6022 Registrar's No. 14

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray *89*
 (c) City or town Rayville *0*
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) *0*
 (e) Citizen of foreign country? No (Yes or No) *0*
 If yes, name country _____

3. (a) PRINT Hopie B. Narramore
FULL NAME

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

4. Sex Female 5. Color or White race
 6. (a) Single, widowed, married, Married
 divorced

6. (b) Name of husband or wife J.M. Narramore
 6. (c) Age of husband or wife if 76 years
 alive

7. Birth date of deceased Dec. 18, 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 3 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name J.W. Shelton

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

14. Maiden name Ellen Searcy

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

16. (a) Informant J.M. Narramore

(b) Address Rayville Mo.

17. (a) Burial (b) Date thereof Jan. 23, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope Cemetery

18. (a) Signature of funeral director [Signature]
 (b) Address Richmond, Mo.

19. (a) Jan 23-46 (b) Malcol Jackson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
 year 1946 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 1 - 45 to Jan 21 - 46
 that I last saw her alive on Jan 21 - 46
 and that death occurred on the date and hour stated above. *1946*

Immediate cause of death Pneumo-Pneumonia
 Due to _____

Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____ *107*

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 E. G. Jay (M. D. or other) *1-23-46*

Address Richmond Mo (City or town) (County) (State)

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

1958

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. 2073

P. O. Address Richmond, 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.