

FILED FEB 11 1947
Registration District No. 137

Primary Registration District No. 4218

State File No.

Registrar's No. 27

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Windsor
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
301 S. Smith
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years
 In this community 25 years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME William A. Narramore
 3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jane McCorkendale Narramore 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased September 16 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 17 hr. min.

9. Birthplace Ray County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Produce Dealer (Retired)

11. Industry or business _____
 12. Name James Narramore
 13. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Narramore
 (b) Address Windsor, Missouri
 17. (a) Burial (b) Date thereof 2-5-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri
 18. (a) Signature of funeral director Huston-Jurner
 (b) Address Windsor, Missouri
 19. (a) 2-8-47 (b) R. R. Kermey
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Windsor
 (If outside city or town limits, write "RURAL")
 (d) Street No. 301 S. Smith
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
 year 1947 hour 8:50 p m minute _____ M.
 21. I hereby certify that I attended the deceased from 1-20
 1945, to 2-3 1947
 that I last saw him alive on 2-3 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to My Peritonitis
 Due to _____
 Other conditions Cerebromeningeal Prostate
 (Include pregnancy within 3 months of death)

Duration

24 hrs.

PHYSICIAN

Major findings:
 - Of operations _____
 Of autopsy _____
 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 0
 23. Signature Ray B. Jordan (M. D. or other) _____
 Address Windsor, Missouri Date signed 2-4-47

120

Change
10-11-1
1/2 ON 10-11-1

STATEMENTS

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.....

William M. Turner....., Registered Apprentice No. 470
working under my personal supervision.

Signed Eldon Hinton.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor, Missouri.....

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.