

86 APR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15657
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 754
(b) Township Richmond Primary Registration District No. 3036 Registered No. 132
(c) City Richmond Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Calvin Wade Narramore

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Narramore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 16, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville Mo.

FATHER 13. NAME A. J. Narramore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville MO.

MOTHER 15. MAIDEN NAME Sarah Hankins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs. Ira Dale Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crowley Cemetery DATE April 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) E. Thurman Richmond Mo.

20. FILED 4/5 1938 Frank McDonald Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-1-38, 1938, to 4-4-38, 1938.
I last saw him alive on 4-4-38 8 P.M. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Apoplexy
Date of onset 4-2
8241

Name of operation _____ Date of _____
What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify J J Cook, M. D.
(Signed) _____ (Address) Richmond, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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