

**FILED FEB 4 1946**

Registration 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 Ray**  
(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 **all life** years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Ray** **89**  
(c) City or town **Rayville** (If outside city or town limits, write "RURAL") **0**  
(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** No. \_\_\_\_\_

4. Sex **Female** / 5. Color or **White** race  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **J.M. Narramore**  
6. (c) Age of husband or wife if **26** years  
7. Birth date of deceased **Dec. 18, 1877**  
(Month) (Day) (Year)

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

9. Birthplace **Clay Co. Mo. 0**  
(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. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ellen Searcy**  
15. Birthplace **Ray Co. Mo. 0**  
(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 \_\_\_\_\_  
(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 - 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumo-Pneumonia**  
Duration \_\_\_\_\_

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** (Place signed)

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.....

*J. J. ...*

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.**