

JUL 15 1940
547
Registration District No. _____

Primary Registration District No. 3029

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Narrival
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
311 N. Main
(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 Marion
(c) City or town Narrival
(If outside city or town limits write "RURAL")
(d) Street No. 311 N. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Nesebb. Tarry 560

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Fannie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

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

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

10. Usual occupation Dry goods merchant

11. Industry or business _____

12. Name Lehman

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Tarry
(b) Address Quincy, Ill

17. (a) Burial (b) Date thereof May 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green, Mo

18. (a) Signature of funeral director James R. Powell
(b) Address Narrival, Mo
19. (a) July 4 1940 (b) W. J. Fisher
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1940 hour About 18 minute a 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 Chronic Myocarditis

Due to _____
Due to _____ 93 C

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 James R. Powell (M. D. or other) _____
Address Narrival, Mo Date signed July 4 1940

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

4
1
5

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 Michael J. McFonice

Licensed Embalmer No. 3246

P. O. Address Annabel, 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, above space should be left blank.