No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1941

Registration District No. 799

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6037 B

State File No. 39591

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Saline Cartridge Jul 13
(b) City or town Slater Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1½ mi No of Slater
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 2 months 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 097
(c) City or town Rural Slater
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓ n

3. (a) PRINT FULL NAME Emmaline Smith Narron
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Daniel Narron
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Aug (Month) 8 (Day) 1863 (Year)

8. AGE: Years 78 Months 3 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace Quincy (City, town, or county) Ill (State or foreign country)
10. Usual occupation Home
11. Industry or business
MOTHER FATHER
12. Name Samuel Moore
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Emmaline Richardson
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lida Gordon
(b) Address Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Near Marshall
18. (a) Signature of funeral director Hill Brothers
(b) Address Slater Mo
19. (a) Dec. 1-41 (Date received local registrar) (b) Ella Alexander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1941 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 30-41 19..., to Nov 30 19 41; that I last saw h.. alive on Nov 30 19 41; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: apoplexy - Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations $30	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John R Figurine (M. D. or other)
Address Marshall, Mo Date signed Dec 1-41

708 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-11-41

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 Edgar Moore

Licensed Embalmer No. 4187

P. O. Address Slater Mo.

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

If this body is not embalmed, fact should be so stated above.