

S. No. 2  
M-5-42  
FILED  
JUL 21 1943  
X 2257

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26259

State File No. ....

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Fitzgibbon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 da (Specify whether years, months or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline <sup>97</sup>  
(c) City or town marshall <sup>2</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. So. Sharp (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME EDGAR LEE NARRON

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jessie Culbertson Narron 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased Sept - 17 - 1888  
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 14 If less than one day ..... hr. .... min.

9. Birthplace Peoria Ill 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Thomas Narron  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Nathaniel  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. J. Narron  
(b) Address marshall mo

17. (a) Burial (b) Date thereof 6-3-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem

18. (a) Signature of funeral director Harry Hershberger  
(b) Address marshall mo

19. (a) 6/3/43 (b) mo T. O. Wesbrook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1943 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 15  
1943 to June 1, 1943  
that I last saw him alive on June 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death (Coronary failure) Myocarditis

Due to Arteriosclerotic vascular disease

Due to .....

Other conditions (Include pregnancy within 3 months of death) 12/0

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) (Specify means of injury) 0

23. Signature John D. Lawrence (M. D. or other) Marshall, Mo.  
Address Marshall, Mo. Date signed June 2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-9-43

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

*Harry Hershberger*

, Registered Apprentice No. 334

working under my personal supervision.

Signed *Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address. *Clinton 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.