

STANDARD CERTIFICATE OF DEATH

State File No. 7332

7332

Registration District No. 577

Primary Registration District No. 3029

Registrar's No. 67

FILED MAR 15 1940

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal Missouri
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(b) County Marion
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 1234 Church (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles Edward McRae 260
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mae McRae 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 23 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen McRae
13. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Hendrix
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Sickle
(b) Address 1234 Church

17. (a) Burial (b) Date thereof 2/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gouinney, Illinois

18. (a) Signature of funeral director Creighton Smith
(b) Address Hannibal Missouri

19. (a) 2/21/40 (b) M. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1940 hour 6 minute 30 AM.
21. I hereby certify that I attended the deceased from January 30
1940, to February 20 1940
that I last saw him alive on February 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Bilateral Duration 8 days
Due to Chronic Nephritis
Chronic myocarditis
Due to Arterio Sclerosis
Other conditions 171
(Include pregnancy within 3 months of death)

Major findings: No operations
Of operations _____
Of autopsy No made

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? 4/111
(Specify type of place) (a) Means of injury _____

23. Signature Bernard J. Murphy (M. D. or other) MD
Address Hannibal Missouri Date signed 2-21-40

PHYSICIAN
Underline the cause to which death should be charged statistically

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address ~~Franklin~~ **Missouri**

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.