No. 2
-13-40
17-39
X23159

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

FILED AUG 1 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25972

Registration District No. 750 Primary Registration District No. 4451 Registrar's No. 1763

1. PLACE OF DEATH:
(a) County: Ripley
(b) City or town: Fairdealing
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo (b) County: Ripley
(c) City or town: City (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: GEORGE W. McRAE
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 .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June (Month) 29 (Day) 1854 (Year)
8. AGE: Years 87 Months ..... Days 3 If less than one day ..... hr. ..... min.
9. Birthplace: Hannibal (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Rock mason
11. Industry or business .....
MOTHER FATHER
12. Name: William McRae
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: W. O. Proctor
(b) Address: Doniphan Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge Cem.
18. (a) Signature of funeral director: Black Mortuary
(b) Address: Doniphan Mo.
19. (a) 7-3-41 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1941 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from 6-27-, 1941, to 7-1-, 1941; that I last saw him alive on 6-27-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis	2 mo.
Due to: Nephritis and arterial sclerosis.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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: J. Edy Adamson (M. D. or other)
Address: Doniphan, Mo. Date signed 7-3-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number
Date Filed

RECEIVED
District Health Officer No. 5,
District File Number 7411770
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.