

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11251

State File No.....

FILED MAR 27 1944
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 147

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: General Hospital
(d) Length of stay: In hospital or institution 16 hours
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Lanigan Mo
(d) Street No.
(e) Citizen of foreign country? No

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married divorced, married
6. (b) Name of husband or wife Nora McRae
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug. 30, 1873

8. AGE: Years 79 Months 6 Days 12

9. Birthplace McDonald Co.; Mo.;

10. Usual occupation retired Farmer

11. Industry or business

12. Name Make McRae
13. Birthplace McDonald Co.; Mo.;
14. Maiden name no record
15. Birthplace
16. (a) Informant Claud McRae
(b) Address 115 Pearl St.; Joplin Mo;

17. (a) Burial (b) Date thereof 3-15-44
(c) Place: burial or cremation Lanigan Mo;

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo;

19. (a) 3-14-44 (b) J. J. Suddall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. 13, day 1944
year 6-10 A.M. minute M.

21. I hereby certify that I attended the deceased from March 12, 1944 to March 12, 1944
that I last saw him alive on March 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure
Duration 16 hrs.

Due to cerebral hemorrhage 36 hrs.

Due to arterio-sclerosis Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations J3a1
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?
(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 Berth A. Kintle (M.D. or other)
Address General Hospital Date signed 3/12/44

44-3-24/7

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..... *Ray K. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address..... *Japan Hill*

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.