S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39751

Registration District No. 42 | Primary Registration District No. 5125 | Registrar's No. 1436

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Agency Rural Center twsp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural - Agency (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 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Agency Rural (If outside city or town limits, write "RURAL")
(d) Street No. Center Township (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Andrew Rae
3. (b) If veteran, name war not stated
3. (c) Social Security No. not stated
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Agnes Rae
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 6 (Day) 1865 (Year)
8. AGE: Years 81 Months 6 Days 23 If less than one day ____ hr. ____ min.
9. Birthplace — (City, town, or county) Scotland (State or foreign country)
10. Usual occupation Farming
11. Industry or business ____
MOTHER FATHER
12. Name James Rae
13. Birthplace — (City, town, or county) Scotland (State or foreign country)
14. Maiden name Ellen Dempeler
15. Birthplace — (City, town, or county) Scotland (State or foreign country)
16. (a) Informant John M. Rae
(b) Address Agency Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Agency Cemetery
18. (a) Signature of funeral director H. A. Sullivan
(b) Address Gower Mo
19. (a) 1-2-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1946 hour 3 minute ____ a.m.
21. I hereby certify that I attended the deceased from Oct 20th 1946 to Dec 29th 1946 and that I last saw him alive on Dec 15th 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Arterial Hypertension and General Heart Failure — Duration
Due to ____
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? ____
While at work? (Specify type of place) (e) Means of injury 0
23. Signature R. W. Tadlock (M. D. or other)
Address King Hill Bldg Date signed 12/31/46 St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 H. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Gower 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.