

S. No. 2
DOM-5-43
Rev. 5-17-39
X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28714

FILED AUG 19 1947
Registration District No. 278

Primary Registration District No. 6018

State File No. _____
Registrar's No. 26

1. PLACE OF DEATH:
(a) County Ray
(b) City or town "Rural" Fishing River Twn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles SW of Elkhorn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 41 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town "Rural" Fishing River Twn.
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles SW of Elkhorn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RALPH WALDO McAFEE
3. (b) If veteran, name war none
3. (c) Social Security No. 709-18-5540
4. Sex Male 5. Color or face White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lorraine Welcher McAfee
6. (c) Age of husband or wife if 32 years
7. Birth date of deceased December 12, 1905
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29th
year 1947 hour 3:05 minute P. M.
21. I hereby certify that I attended the deceased from July 20 - 1947 to July 29 - 1947
that I last saw alive on July 26 - 1947
and that death occurred on the day and hour stated above.

8. AGE: Years Months Days If less than one day
41 7 17 hr. min.

Immediate cause of death
General Paresis
Lues
Due to _____
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)
309

10. Usual occupation Railroad worker
11. Industry or business Railroading

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Emerson McAfee
13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lurana Duncan
15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Emerson M. McAfee
(b) Address 4 mi SW of Elkhorn, Mo.

17. (a) Burial (b) Date thereof July 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem., Orrick, Mo.

18. (a) Signature of funeral director Thurman R. ...
(b) Address Richmond, Missouri

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 _____
23. Signature E. L. Fay (M. D. or other) MD
Address Richmond Date signed 7-31-47

19. (a) 8-1-47 (b) Therese ...
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

9
0
0

RECEIVED

District Health Officer No: 8,

District File Number: _____

Date Filed: Sept 7

AUG 25 1947

AUG 29 1947

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, ~~XXX~~ _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed: [Signature]

Licensed Embalmer No. 2073

P. O. Address: Richmond, 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, fact should be so stated above.