

FILED NOV 10 1947

Registration District No. 1164

Primary Registration District No. 3032

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
322 East Gay Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg, Mo. 21
(If outside city or town limits, write "RURAL")
(d) Street No. 322 East Gay St. 22
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDITH CORA MACRAE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Washington S. Macrae 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August 21 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Germantown, Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Nathaniel Miller

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Anna Liza Paige

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Rev. W. S. Macrae

(b) Address 322 E. Gay, Warrensburg, Mo.

17. (a) Burial (b) Date thereof Oct. 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knobnoster, Mo.

18. (a) Signature of funeral director V. A. Brannigan

(b) Address 517 N. Hoquize, Warrensburg, Mo.

19. (a) Oct 25, 1947 (b) Sarah Ann Cribbs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 27
year 1947 hour 12 minute 300 M.

21. I hereby certify that I attended the deceased from Oct 17 1947 to Oct 27 1947
that I last saw her alive on Oct 27 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary adenoma
Due to Chronic Asthenia 5 yrs

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

Major findings: 112
Of operations _____
Of autopsy _____

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 M. R. Peterson (M. D. or other) _____
Address Warrensburg, Mo. Date signed 10-27-47

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

57
2
2

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

JAN 1 1949

DEC 15 1948

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, W. B. Bawinger,
Registered Apprentice No. _____,
working under my personal supervision.

Signed

W. B. Bawinger

Licensed Embalmer No.

3377

P. O. Address

Warrensburg, 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.