

Registration District No. 192 Primary Registration District No. 4716

1. PLACE OF DEATH:
 (a) County McDonald
 (b) City or town Noel Rural
 (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)
 In this community 12 years (Specify whether years, months or days)

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Chas McRae 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 24 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Butterfield Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name Fred Gray
 13. Birthplace Illinois (City, town, or county) (State or foreign country)
 14. Maiden name Mary Goodwin
 15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Fred Wilson
 (b) Address Noel Mo
 17. (a) Burial (b) Date thereof Feb 2 1948 (Month) (Day) (Year)
 (c) Place: burial or cremation Logan Mo

18. (a) Signature funeral director
 (b) Address Noel Mo
 19. (a) 2-10-48 (b) Virginia Bush (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 31 year 1948 hour 30 minute P M.
 21. I hereby certify that I attended the deceased from Jan 17 1948, to Jan 31 1948, that I last saw her alive on Jan 31 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 days

Due to arteriosclerosis
 Due to _____

Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations 3A
 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? no
 While at work? (Specify type of place) (a) Means of injury _____
 23. Signature H. D. Ferrel (M. D. or other) DO
 Address Noel Mo Date signed Feb 2

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

RECEIVED
District Health Officer No. 6,
District File Number 248-243
Date Filed FEB 13 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed ER P. Smith
Licensed Embalmer No. 3211
P. O. Address Luette Ark.

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, above space should be left blank.