4677

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 21
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town St David (If outside city limits also write RURAL) (c) Location Local (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution —; In Community 7 years (Specify whether years, months or days); in Arizona 30 years

2. Usual Residence of Deceased: (a) State Ariz; (b) County Cochise; (c) City or Town St David (If outside city limits also write RURAL)
(d) Street No. —; (e) Citizen of foreign country (yes or No) no
If Yes, which country U.S.A.

3. (a) FULL NAME Parley Kenneth McRae (b) If Veteran name war
Social Security No. S.S. 526-05-8935 (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) ~~Single~~, married, ~~widowed or divorced~~: Married
6. (b) Name of husband or wife: Edith
6. (c) Age of husband or wife, if alive 29 yrs.

7. Birthdate of deceased: May (Month) 24 (Day) ~~1944~~ 1914 (Year)

8. AGE: Years 30 | Months | Days | If less than one day hrs. min.

9. Birthplace: St David (City, town or county) Arizona (State or Country)

10. Usual Occupation: Employ of Apache Powder Co

11. Industry or Business

Father
12. Name: John Kennett McRae
13. Birthplace: Salt Lake City (City, town or county) Utah (State or Country)

Mother
14. Maiden Name: Pearl Elizabeth Sabin
15. Birthplace: Paragon (City, town or county) Utah (State or Country)

16. (a) Informant's own signature: Walter S McRae
(b) Address: St David Ariz

17. (a) Burial, Cremation or Removal: Burial
(b) Place: St David, Ariz. (c) Date 12-4 1944

18. (a) Embalmer's Signature: W. George Hubbard 52-9
(b) Funeral Director: James Allison 57-17
(c) Address: Bisbee, Ariz.

19. (a) 12-2-1940 (Date received local Registrar)
(b) L. A. Kelly (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 2, 1944;
TIME (Hour and minute) 2:50 P.M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....;
that I last saw h.... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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) Explosion - Accident
(b) Date of occurrence Dec-2-44
(c) Where did injury occur? St David (City or Town) Cochise (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place (Specify type of place)
While at work? Yes (e) Means of injury Killed instantly

23. Signature Harold W Holcomb P.A. Coroner ~~M. D.~~
Address Benson Ariz Date signed Dec 4, 1944