

FILED JUL 29 1946

Registration District No. **14** Primary Registration District No. **5295** Registrar's No. **29**

1. PLACE OF DEATH:
(a) County **CLINTON**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Clinton County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5** (Specify whether
in this community..... years, months or days)

3. (a) PRINT FULL NAME **William M. M^cM^cDole**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Feb 4 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 1 hr. min.

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

10. Usual occupation **Labourer**

11. Industry or business.....

MOTHER FATHER { 12. Name **James M^cDole**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Swearingen**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Payne**

(b) Address **Marionville, Mo.**

17. (a) **Burial** (b) Date thereof **6/6/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gravely, Mo.**

18. (a) Signature of funeral director **John Thompson**

(b) Address **Plattsburg, Mo.**

19. (a) **June 6** (b) **Joe L. Martin**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5**
year **1946** hour **8** minute **02 P.M.**

21. I hereby certify that I attended the deceased from **May 31**
1946 to **June 5** **1946**
that I last saw him alive on **June 4** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial right lower leg
Due to Occlusion popliteal artery, right
Due to.....

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none** **gyc**

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?

(Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature **J. P. Shelding** (M. D. or other)
Address **Plattsburg, Mo.** Date signed **June 6 1946**

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.....

Daniel D. Lyon

Licensed Embalmer No. *3690*

P. O. Address *Platteburg 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.