

S. No. 2
-12-45
5-17-39
I X47970

FILED JUL 2 3 1947

Registration District No. **283**

Primary Registration District No. **5655**

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

1. PLACE OF DEATH:
(a) County **Lawrence**
(b) City or town **Mt. Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **880 days**
(Specify whether
In this community **880 days**
years, months or days)

3. (a) PRINT FULL NAME **William Arlie McDonald**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **566-07-0472**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Amy McDonald** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **March 11 1905**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 2 hr. min.

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

10. Usual occupation **General Labor**

11. Industry or business **MINES**

MOTHER FATHER
12. Name **James Henry McDonald**
13. Birthplace **Douglas County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Elizabeth Taylor**
15. Birthplace **Union County Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**
(b) Address **Mo. State San. Mt. Vernon, Mo.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **5-13-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Carrs Chapel Cemetery**

18. (a) Signature of funeral director **Sam E. Sweeney Jr**
(b) Address **Greenfield, Mo.**

19. (a) **6-16-47** (Date received local registrar) (b) **Dr. Philbrick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1107 E. Pine St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1947** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 11**, 19 **44** mo. **May 10**, 19 **47**
that I last saw him **in** alive on **May 10**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **Abt 3 yrs**
Due to
Due to

Other conditions **Silicosis** **Unknown**
(Include pregnancy within 3 months of death)

Major findings: Of operations **13B**
Of autopsy **Bilateral Pulmonary tuberculosis, Bronchopneumonia, malignancy of Rt. Lung & obstruction of**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **Superior vena cava**

(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 **Rud Dickman** (M. D. or other)
Address **Mt. Vernon, Mo.** Date signed **5-10-47**

RECEIVED

District Health Officer No. 6;

District File Number 647-661

Date filed JUN 30 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, or by.....

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

Signed Sam E. Genseney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.