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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30293

State File No.

Registration District No. 178 Primary Registration District No. 5666 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Lewis 56
(c) City or town Durham
(If outside city or town limits, write "RURAL")
(d) Street No. Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RUFUS BROWN McDOLE
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 MARRIED
6. (b) Name of husband or wife LALLA McDOLE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 16 (Day) 1868 (Year)

8. AGE: Years 79 Months 9 Days 16 If less than one day hr. min.
9. Birthplace DURHAM (City, town, or county) Mo. (State or foreign country)
10. Usual occupation PAINTER & R.R.
11. Industry or business —
FATHER
12. Name JOHN McDOLE
13. Birthplace LEWISTOWN (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name REBECCA WILLIAMS
15. Birthplace LEWISTOWN (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Mrs. Chas. Marvin
(b) Address 5241 N. Lake Chicago, Ill
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 (Month) 5 (Day) 48 (Year)
(c) Place: burial or cremation DURHAM Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Lewistown Mo
19. (a) Oct. 8 1948 (Date received local registrar) (b) Dr. [illegible] Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 2
year 1948 hour 9 minute P M.
21. I hereby certify that I attended the deceased from OCT 2, 1948, to OCT 2, 1948
that I last saw him alive on OCT 2, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death CANCER LIVER — Duration 1 YR
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
46

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. L. Ellers M.D. (M. D. or other)
Address La Grange Mo Date signed 10/5/48

(Licensed Embalmer's Statement on Reverse Side)

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 Charles L. Arnold, Jr., Registered Apprentice No. 61 working under my personal supervision.

Signed James H. Coder

Licensed Embalmer No. 2537

P. O. Address Lewistown 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.