

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20719  
State File No. 19  
Registrar's No. 16

FILED FEB 4 1942  
Registration District No. 2928

Primary Registration District No. 3015

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

7  
3

1. PLACE OF DEATH:

(a) County **COOPER**

(b) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1313 COMMERCIAL STREET**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 YEARS** (Specify whether years, months or days)

In this community **5 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1313 COMMERCIAL**  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **HARVEY SAMUEL McCLURE**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **MALE** 2

5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **NONE**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **APRIL 10 1903**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>38</b>	<b>9</b>	<b>12</b>	hr. _____ min.

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

10. Usual occupation **LABORER**

11. Industry or business **DAY WORK**

MOTHER FATHER {

12. Name **JAMES McCLURE**

13. Birthplace **KANSAS CITY KANSAS**  
(State or foreign country)

14. Maiden name **NANCY REYNOLDS**

15. Birthplace **NASHVILLE TENNESSEE**  
(City, town, or county) (State or foreign country)

16. (a) Informant **BIRDIE WOOLDRIDGE**

(b) Address **KANSAS CITY, MO.**

17. (a) **BURIAL** (b) Date thereof **1/25/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **1-26-42** (b) **Dr. Chas. S. ...**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **22**  
year **1942** hour **5:10** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **1/22**  
1942 to **1/22** 1942

that I last saw him alive on **1/22 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **urinary obstruction of**  
**bladder and prostatic adenoma (chronic)**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **138**

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature **W. R. ...** (M. D. or other) \_\_\_\_\_  
Address **317 1/2 Main St** Date signed **1/24/42**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1088

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-3-42.....

---

---

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.....

*James W. Segner*

Licensed Embalmer No. 3780

P. O. Address.....

*Boonville, 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.**