

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Yat 17988  
State File No. \_\_\_\_\_  
Registrar's No. 402

FILED JUN 10 31 1942

Registration District No. \_\_\_\_\_ Primary Registration District No. 2001

39  
2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 926 Cherry /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, \_\_\_\_\_ (Specify whether  
In this community 51 Years  
years, months or days)

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. 926 Cherry  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lanore Carl McCluer  
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 24  
year 1942 hour 5 minute 30 p. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife J.W. McCluer 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased May 21 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1941 to May 23 1942  
that I last saw her alive on May 23 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis Duration 5/20/42

8. AGE: Years 73 Months 0 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to Hypertension 4 years  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 94a Of autopsy \_\_\_\_\_

9. Birthplace Unknown Ohio /  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name John Chase  
13. Birthplace Unknown Virginia /  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Moore  
15. Birthplace Unknown Virginia /  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant J.W. McCluer  
(b) Address Springfield, Mo.  
17. (a) Burial (b) Date thereof May 26, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood

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? \_\_\_\_\_

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 5-25-42 (b) S. W. Standley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Ad Stair (M. D. or other) Phys.  
Address Springfield, Mo. Date signed 5/26/42

984 (Licensed Embalmer's Statement on Reverse Side)

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**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

*Carl Z. Potem...*

Licensed Embalmer No. *2457*

P. O. Address *...*

**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.**

*X*