

S. No. 2
M-5-42
5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33109

State File No.

FILED NOV 7 1942

Registration District No. 15

Primary Registration District No. 5069

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Barton
(b) City or town (Rural) Lamar Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether)
In this community 59 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural, Lamar, MO. R.F.D
(If outside city or town limits, write "RURAL.")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Martha Elizabeth McClure

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James McClure 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 13th, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 22 hr. min.

9. Birthplace McMinn Co, Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Week

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Helms

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elbert Berry
(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 10-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) Oct 5-42 (b) Martha Rivers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1942 hour 12 minute 2:00 PM

21. I hereby certify that I attended the deceased from July 1
1942 to Sept 30 1942
that I last saw her alive on Sept 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Infirmities of old age

Due to 162 lb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 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?

(Specify type of place) While at work? (Specify type of place) (c) Means of injury: 1

23. Signature Karl K. ... (M. D. or other) DO
Address Lamar, Mo Date signed 10-5-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

606

1119

RECEIVED

District Health Officer No. 6,

District File Number 1142-1520

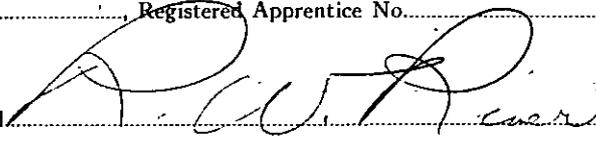
Date Filed NOV 3 1942

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed 

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.