

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 27 1947  
Registration District No. 128  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 2000

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

39  
2  
6

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: 800 South Missouri Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARA GLOVER  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Not given  
6. (c) Age of husband or wife if alive 1870 years  
7. Birth date of deceased February 1870  
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 7  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home Making

12. Name Harbit

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

14. Maiden name Unknown

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

16. (a) Informant M. A. Glover (son)

(b) Address 800 South Missouri

17. (a) removal (b) Date thereof 10/18/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-18-47 (b) N. J. Sandley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Monroe  
(c) City or town Paris  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17,  
year 1947 hour 8: minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 8 1947 to Oct 17 1947  
that I last saw her alive on Oct 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration 10 yrs

Due to Generalized arteriosclerosis 15-20 yrs

Due to Age 77+ yrs

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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?

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

23. Signature J. C. Conrad (M. D. or other)

Address Springfield, Mo Date signed 10-18-47

**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.....  
*Julian R. Goodwin*....., Registered Apprentice No. *473*  
working under my personal supervision.

Signed *Jewell E. Wandle*  
Licensed Embalmer No. *2831*  
P. O. Address *Springfield 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.**