S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 29 1948
Registration District No. 4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 348
Registrar's No. 24

12
7
3

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 Nooney St 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Irvin Clore
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 12 (Day) 1884 (Year)

8. AGE: Years 63 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Hebron Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name George Levi Clore
13. Birthplace Constance Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Rouse
15. Birthplace Linnerburg Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Edward Clore
(b) Address 1011 Nooney Poplar Bluff Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff Mo.
19. (a) 1-22-48 (Date received local registrar) (b) R H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1948 hour 9.15 minute A M.
21. I hereby certify that I attended the deceased from
, 19 to , 19
that I last saw him alive on Jan 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	2 days
Due to: Hypertensive heart disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Frank E. Dinelle (M. D. or other) M.D.
Address Poplar Bluff Mo. Date signed Jan 21, 1948

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-139
Date Filed 1-26-48

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 John M. Davees Registered Apprentice No. 487, working under my personal supervision.

Signed Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.