

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

43737
Do not use this space.

FILED JAN 25 1949

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 33
 (b) Township Randolph Primary Registration District No. 602413
 (c) City Leadwood or Leadwood (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME FREDERICK O'LORE

(a) Residence, No. Leadwood Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/27/40
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min. 2 yrs.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27, 1940
 22. I HEREBY CERTIFY, That I attended deceased from 12/27/1940 to 12/27/1940
 I last saw him alive on 12/27/1940 Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Premature Birth
(6 months gestation)
Cause not known
 Date of onset _____
 Other contributory causes of importance: 159

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood Mo

FATHER 13. NAME Audrey Eugene Shore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood Mo

MOTHER 15. MAIDEN NAME Helene Marie Scott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood Mo

17. INFORMANT (ADDRESS) Audrey Eugene Shore
Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cemetery DATE 12-27-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) none 701

20. FILED 1-10 1941 - W.E. Aubuchon
 Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Joseph W. Hurst M. D.
 (Address) Leadwood Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

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, above space should be left blank.