

REC'D AUG 19 1939

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

25380
Do not neglect this space.

1. PLACE OF DEATH
 (a) County Clark Registration District No. 191
 (b) Township Luray Primary Registration District No. 4114 Registered No. _____
 (c) City _____ (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 Harry T. Shore
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Cora Shore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>3</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Barbering
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mantoloking, Mo.

FATHER
 13. NAME John Shore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. S

MOTHER
 15. MAIDEN NAME Melissa Jane Mackey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. S

17. INFORMANT (ADDRESS) Mrs. Cora Shore
Luray, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cambs Co. DATE June 8, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gutting's Undertaking
Luray, Mo.

20. FILED July 6, 1939 Clis L. Gutting
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1939

22. I HEREBY CERTIFY, that I attended deceased from June, 1937, to June 5, 1939
 I last saw him alive on June 5, 1939 Death is said to have occurred on the date stated above, at 5:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
 Date of onset _____

Other contributory causes of importance: 94

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? _____
 If so, specify _____
 (Signed) Lawrence E. Lowe _____
 (Address) Luray, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED.

District Health Officer No. 10

District File Number 8'39-1486

Date Filed AUG 12 1939

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.....

June 6 - 1939

....., Registered Apprentice No.

working under my personal supervision.

Signed

Otis L. Gutting

Licensed Embalmer No. 2965-

P. O. Address Lurray 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, above space should be left blank.