

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

1552
Do not use this space.

FEB 15 1939

1. PLACE OF DEATH

(a) County Barry Registration District No. 29
 (b) Township Flat Creek Primary Registration District No. 4021
 (c) City Cassville (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 58

2. PRINT FULL NAME EARL SHORE

(a) Residence, No. Cassville, Missouri 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 Nora E. Shore
 (OR) ~~WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24" 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
50 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sawyer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Missouri

FATHER 13. NAME Azel Shore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER 15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Nora E. Shore
 (ADDRESS) Cassville, Mo.

18. BURIAL ~~CREMATION OR BURIAL~~
 PLACE Oak Ridge DATE Dec. 30" 1939

19. FUNERAL DIRECTOR Horine - Culver
 (ADDRESS) Cassville, Mo.

20. FILED 1-26 1940 Seaworth M.D. (Address) Cassville, Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28" 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1939 to Dec. 28 1939
 I last saw him alive on Dec. 28 1939 Death is said to have occurred on the date stated above, at 3 P.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____
Influenza IK

Other contributory causes of importance:
 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 Dem N. Salver M. D.
 (Signed) _____ (Address) Cassville, Mo.

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. 0,

District File Number 240-501

Date Filed FEB 14 1940

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

No. _____ or by J. C. Canada L. E. Registered Apprentice No. 225
working under my personal supervision.

Signed G. E. Lube
Licensed Embalmer No. 3584

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.)