

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 31

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

PR 23 1940

Registration District No. 775

Primary Registration District No. 6020-A

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

In this community 30 years  
(years, months or days) (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES LEE LORE

3. (b) If veteran, name war ✓

3. (c) Social Security No. 498-09-3005

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Lore

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 6 1910  
(Month) (Day) (Year)

8. AGE: Years 30 Months 0 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Gayd Lore

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

14. Maiden name Ellas Gaudquest

15. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Lore

(b) Address 315 Middle St Bonne Terre MO

17. (a) Cremation (b) Date thereof March 26, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph's Cemetery

18. (a) Signature of funeral director Bertram Had

(b) Address 312 Bertram St Bonne Terre MO

19. (a) 3-26-40 (b) N. W. Hawkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")

(d) Street No. 215 Middle  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1940 hour 5:30 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 17, 1934 to March 24, 1940

that I last saw him alive on March 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myeloiditis

Due to vasculature

Other conditions (Include pregnancy within 3 months of death) ASC

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 698

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

23. Signature R. E. ... (M. D. or other) \_\_\_\_\_

Address Bonne Terre Mo Date signed 3-28-40

Duration 5:30

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

JUL 25 1947

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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

*J. B. Benbow*

Licensed Embalmer No. 3376

P. O. Address Bonnie Street

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.