

SEP OCT 23 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32984

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

Registration District No. 175

Primary Registration District No. 6020-2

Registrar's No. 62

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonmeterre  
(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  
In this community 2 hours  
years, months or days)

8. (a) PRINT FULL NAME David Gene Lore  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced X  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased sep-18-1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hrs min.

9. Birthplace Bonmeterre mo  
(City, town, or county) (State or foreign country)

10. Usual occupation X h

11. Industry or business X

MOTHER FATHER  
12. Name Charles Lee Lore  
13. Birthplace Bonmeterre mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Elizabeth Lore  
15. Birthplace Bonmeterre mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Elizabeth Lore  
(b) Address Bonmeterre mo

17. (a) \_\_\_\_\_ (b) Date thereof sep-19-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation 698

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) Sept 20 (b) M. W. Harkin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St. Francois  
(c) City or town Bonmeterre  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month sep day 18  
year 1940 hour 11 minute 50 P M.  
21. I hereby certify that I attended the deceased from sep 18  
18 - 1940, to sep-18-1940  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
Due to unk known  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 154  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. J. Evans (M. D. or other) 1  
Address Bonmeterre Date signed 10-1-40

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

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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.....

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.**