DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29607

State File No.

FILED SEP 9 1943

Registration District No. 366 Primary Registration District No. 4535 Registrar's No. 42

1. PLACE OF DEATH: 113

(a) County WASHINGTON

(b) City or town MINERAL POINT (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 (Specify whether

In this community 75 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 113

(a) State MO (b) County WASHINGTON

(c) City or town MINERAL POINT (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

3. (a) PRINT FULL NAME FRANK M. LORE

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife LUCY LORE.

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased FEB. 10 1865. (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 27 If less than one day hr. min.

9. Birthplace WASHINGTON Co MO. (City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business

FATHER
12. Name JOSEPH LORE.
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA PORTELL
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature FRANK LORE JR.

(b) Address MINERAL POINT MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-7-1943 (Month) (Day) (Year)

(c) Place: burial or cremation POTOSI MO

18. (a) Signature of funeral director Boyer Funeral Home

(b) Address POTOSI MISSOURI

19. (a) 8-7-1943 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5 year 1943. hour 3 - minute 10 P. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to Aug 5, 1943 that I last saw him alive on June 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma

Due to Rectum

Due to

Other conditions (Include pregnancy within 3 months of death) 46d

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. F. Cresswell (M. D. or other) 8/6/43

Address Potosi Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

[illegible]

[illegible] Health Officer No. 4

[illegible] File Number 943-266

[illegible] Filed 9-8-43

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 C. H. Bayer

Licensed ~~Embalmer No.~~ 4158

P. O. Address POTOSI 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.