

FILED SEP 8 1944

Primary Registration District No. 3010

State File No.

Registrar's No. 284

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1758 Independence Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 31 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 1758 Independence Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Alfred Charles Blore

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th
year 1944 hour 4 minute 15 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Effie Klasing

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

7. Birth date of deceased January 23rd 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 14
1944 to Aug 18 1944

that I last saw him alive on Aug 18 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60 6 16 hr. min.

Immediate cause of death Lobar Pneumonia Duration 3 days

9. Birthplace London England
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

10. Usual occupation Sign Painter

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

Major findings: 108

11. Industry or business.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Alfred Blore

{ 13. Birthplace London England
(City, town, or county) (State or foreign country)

{ 14. Maiden name Esther Goise

{ 15. Birthplace Worchester England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Blore

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 8-21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

18. (a) Signature of funeral director L. J. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 8-30-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

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 John W. Bury (M. D. or other)
Address Cape Girardeau Date signed 8-29-44

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

RECEIVED

District Health Officer No. 224

District File Number 944-4360

Date Filed 9-7-44

JUN 7 1957

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 *Howard P. Loman*

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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, fact should be so stated above.