S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

Registration District No. 217

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

Primary Registration District No. 6076

Registrar's No. 19516

1. PLACE OF DEATH:

(a) County: ST. LOUIS COUNTY

(b) City or town: JEFFERSON BARRACKS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
VETERANS ADMINISTRATION FACILITY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ADM. Feb. 22, 1945. (Specify whether
In this community since 2/22/45. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 18

(c) City or town: Van Buren 0
(If outside city or town limits, write "RURAL")

(d) Street No. - 0
(If rural, give location)

(e) Citizen of foreign country? - / (Yes or No)

If yes, name country: - /

3. (a) PRINT FULL NAME: Leonard Wesley GORE,

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: Unknown

4. Sex: Male 5. Color or race: white

6. (a) Single, widowed, married, divorced: Married-Separated

6. (b) Name of husband or wife: Mrs. Laurie Gore

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

7. Birth date of deceased: February (Month) 2, (Day) 1894 (Year)

8. AGE: Years 51 | Months 0 | Days 24 | If less than one day: hr. min.

9. Birthplace: Ellington (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Stave-Maker

11. Industry or business: -

MOTHER. FATHER

12. Name: Unavailable 9

13. Birthplace: Unavailable (City, town, or county) (State or foreign country)

14. Maiden name: Unavailable

15. Birthplace: Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant: Clinical Records

(b) Address: Vet.Adm.Fac., Jeff.Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 1 45 (Month) (Day) (Year)

(c) Place: burial or cremation: Brame Cemetary

18. (a) Signature of funeral director: Seaton Pruitt

(b) Address: Van Buren mo

19. (a) MAR 2 1945 (Date received local registrar) (b) E.G. McGauron, M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th, year 1945 hour 6:08 minute A. M.

21. I hereby certify that I attended the deceased from February 22, 1945 to February 26, 1945 that I last saw him alive on February 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: OCCLUSION, CORONARY, due to	30 Min.
CORONARY ARTERIOSCLEROTIC HEART DISEASE. Due to	Unknown
Due to	
Other conditions: Nephritis, chronic. (Include pregnancy within 3 months of death)	Unknown

PHYSICIAN

Major findings: Of operations: No operation. 1 1/2

Of autopsy: No autopsy. 131

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): no

(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: 0

23. Signature: E.V. EDWARDS, Major, M.C. (M. D. or other)

Address: Acting Clinical Director Date signed 2/26/45

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 Sexton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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, fact should be so stated above.