

**FILED JUN 9 1945**  
Registration District No. **10**

Primary Registration District No. **3002**

Registrar's No. **72**

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Mexico, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Andrew Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Rural 148  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lewis Pearl Vore

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-24-1972

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bertha Vore 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Jan 8 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crawford County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Rich Plant employee

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

MOTHER FATHER  
12. Name Lewis a Vore  
13. Birthplace How city Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Lidia Buss  
15. Birthplace How city Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Vore  
(b) Address Box 255, Mo

17. (a) Burial (b) Date thereof May 12 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director Hughes Thompson  
(b) Address Auxvasse, Mo.

19. (a) 5-12-45 (b) Margaret A. MacLain  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1945 hour 13 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Feb, 1945, to May 9, 1945;  
that I last saw him alive on May 9, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Anti Embolic Failure

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations 940  
Of autopsy \_\_\_\_\_  
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) he  
(b) Date of occurrence \_\_\_\_\_

(2) 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)  
(c) Means of injury \_\_\_\_\_

23. Signature Harry F. O'Brien (M. D. \_\_\_\_\_)  
Address Mexico, Mo. Date signed 5-22-45

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

MAR 8 1945

RECEIVED  
District Health Officer No. 10  
District File Number - 923  
Date Filed JUN 7 1945

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 *Hughes Marpin*.....

Licensed Embalmer No. *2358*.....

P. O. Address *Amvase, Md*.....

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.