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

REC JUL 13 1945

State File No. _____

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution:
Latham Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community 4 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Cora J. Shores

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F / Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 1 1866
(Month) (Day) (Year)

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

78	9	25	hr. min.
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9. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Jeremiah Shores

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

14. Maiden name Nancy J. Huntsman

15. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Shores

(b) Address Latham Route, California, Mo

17. (a) burial (b) Date thereof 6 28 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director D. F. Redwell

(b) Address Veranda

19. (a) 6-26-45 (b) H. J. Atter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Rural Latham
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1945 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 5 1945 to June 25 1945
that I last saw her alive on June 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Hypertension and Nephritis

Due to Fracture left femur (Mar 5 '45)

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

Major findings: Of operations None

Of autopsy None

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 L. L. Latham (M. D. or other) _____
Address California Mo Date signed 6-26-45

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 7-12-45

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 E. F. Kimmel

Licensed Embalmer No. 1596

P. O. Address Versailles, 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.

Registration District No. 224 Primary Registration District No. 3046

1. PLACE OF DEATH:
(a) County Monterey
(b) City or town California
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Cora J. Shore
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept (Month) 13 (Day) 1905 (Year)

8. AGE: Years 78 Months 9 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to Chronic nephritis
Came embrown.

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

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN

Major findings:
Of operations _____
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) NO

(b) Date of occurrence Mar. 5 '43

(c) Where did injury occur? Her home. (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell on floor.

While at work? yes (Specify type of place) _____ (e) Means of injury _____

23. Signature F. L. Latham (M. D. or other) _____
Address California MO Date signed 7-14-45

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

SUPPLEMENTARY

20870