

FILED AUG 12 1946

Registration District No. **211**

Primary Registration District No. **4531**

Registrar's No. _____

1. PLACE OF DEATH:

(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 **LIFE** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (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) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LUCY M. LORE**

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

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MARCH 10 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **20** If less than one day hr. _____ min. _____

9. Birthplace **OLD MINES Mo. (1)**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPING**

11. Industry or business _____

MOTHER FATHER { 12. Name **THOMAS DEAN**
13. Birthplace **OLD MINES Mo. (1)**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **Mo. (1)**
(City, town, or county) (State or foreign country)

16. (a) Informant **HENRY LORE**

(b) Address **MINERAL POINT Mo**

17. (a) **TURIAL** (b) Date thereof **8-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **POTOSI Mo.**

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

(b) Address **Potosi Mo**

19. (a) **Aug 1-46** (b) **Mo. Registrar's signature**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **30**
year **1946** hour **7** minute **45** P.M.

21. I hereby certify that I attended the deceased from **10-1**, 19**45** to **7-30**, 19**46**
that I last saw her alive on **7-24**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **valvular heart lesion** Duration _____

Due to _____

Due to _____

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

Major findings: Of operations **g2d**

Of autopsy _____

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) (c) Means of injury _____

23. Signature **Joseph L. Thurman** (M. D. or other) _____

Address **Potosi Mo.** Date signed **7-21-46**

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

Health Officer No. 4
District File Number 846-297
Date Filed 8-10-46

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. H. Boyd*
Licensed Embalmer No. 4458
P. O. Address *St. Louis, 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.

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