

Registration District No. **275**

Primary Registration District No. **4409**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Newburg
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

(c) City or town Newburg
(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.....

3. (a) PRINT FULL NAME Louis Robert Fore

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Paul Fore 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb 10 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>9</u>	<u>8</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name Andrew Fore Ky.

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

14. Maiden name Mahala Cannon

15. Birthplace Shelby Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Lind

(b) Address Newburg Mo

17. (a) Burial (b) Date thereof Nov 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation introduction

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg Mo

19. (a) 12-2-46 (b) Nathaniel D. Stoll
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1946 hour 7:00 minute 0 M.

21. I hereby certify that I attended the deceased from Aug, 1946 to Nov 18, 1946
that I last saw him alive on Nov 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombus

Due to.....

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

Duration

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 R. B. Steiner (M. D. or other) 0

Address Newburg Mo Date signed 11-19-46

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

91
1
0

3074

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.....

Lee Johnson

Licensed Embalmer No. *3392*

P. O. Address..... *Newburg 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.