

REC'D APR 25 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12009  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Randolph Registration District No. 735  
(b) Township 1 Primary Registration District No. 3034 Registered No. 54  
(c) City Moberly (d) Street No. Woodland Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Clara Lowell

(a) Residence, No. 314 So 5th St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Lowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23rd 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 4 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "15. MAIDEN NAME "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT (ADDRESS) Verner Zerwell Dallas Texas18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE March 14th 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son Moberly, Mo.20. FILED Mar 14 1939 Seal Unknown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12th 193922. I HEREBY CERTIFY, That I attended deceased from March 3 1939, to March 12th, 1939I last saw her alive on March 12th, 1939. Death is said to have occurred on the date stated above, at 12:30 am.

The principal cause of death and related causes of importance were as follows:

Influenza PneumoniaDate of onset March 3

Other contributory causes of importance:

HypertensionName of operation None Date of NoneWhat test confirmed diagnosis? Chimer Was there an autopsy? None23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury NoneWhere did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) John Williams, M. D.(Address) Moberly, Missouri

RECEIVED

District Health Officer No. 10

District File Number 10-39-705

Date Filed APR 17 1939

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 Frank S. Witt

Licensed Embalmer No. 3021

P. O. Address Woburn, Mass.

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, above space should be left blank.