JUN 15 1939

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

18831
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 398
(b) Township Blue — Primary Registration District No. 3019 — Registered No. 160
(c) or City Independence, Mo. — (d) Street No. 320 S. Fuller 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 James Buchanan Lowry
(a) Residence, No. 320 S. Fuller St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Lowry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8, 1854
7. AGE: Years 85 — Months 0 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Illinois

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs. Anna Smith
(ADDRESS) 320 S. Fuller, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Metropolis, Ill DATE May 13-39, 19

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 5-16-, 19 39 F.L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10th, 39, to May 11th 39, 19
I last saw him alive on April 10. '39, 19. Death is said to have occurred on the date stated above, at 4:30 m. PM
The principal cause of death and related causes of importance were as follows:

Date of onset

I examined him 4/10/39 could find no lesion of vital organs. Was quite deaf, and very weak could not without help. Blood pressure normal. Cause of death in my opinion, senile decay.
No heart, Kidney or bowel trouble

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No (W.C. Messinger)
(Signed) W.C. Messinger, M. D.
(Address) 365 Independence Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Carl Building.

Dr. W. E. Messenger

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.