

REC'D JUL 10 1939

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

21095
Do not use this space

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 100
 (c) City W.C.M.D. (d) Street No. 19 E Sun Hspt Registered No. 2363 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 tra. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.
 2. PRINT FULL NAME John Thomas Lawrence Thomas Lowe
 (a) Residence, No. 613 main St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Lowe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1897
 7. AGE YEARS 42 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Texas
 13. NAME Thomas Lowe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JOHN THOMAS LOWE
 15. MAIDEN NAME Elizabeth Ellis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS) Richard Clark
W.C. Sun Hspt
 18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 6-9-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Tolstina
W.C. Sun Hspt
 20. FILED June 8 1939 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-39
 22. I HEREBY CERTIFY, That I attended deceased from 5-6-39, 19, to 5-18-39, 19.
 I last saw him alive on 5-18-39, 19. Death is said to have occurred on the date stated above, at 4:30 am.
 The principal cause of death and related causes of importance were as follows:
post-operative gastric resection
terminal bronchial pneumonia
pulmonary edema + congestion
 Date of onset 1170
 Other contributory causes of importance:
Gastric Ulcer
 Name of operation Gastric Resection Date of May 11/39
 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
 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? 1
 If so, specify (Signed) P.H. De Marco M. D.
Dept. W.C. Sun Hspt (Address)

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.

Corrected by affidavit Oct 18 1939 J. Ward

See affidavit no 207 in misc file 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.....

Licensed Embalmer No.....

P. O. Address.....

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.