

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25870  
Do not use this space.

REC'D AUG 18 1939

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 404  
 (b) Township Triangular Primary Registration District No. 5857 Registered No. 39  
 (c) City GRANDVIEW (d) Street No. SLEEPY HOLLOW NORTHWEST 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

MR ROBERT THOMAS LOWE  
 (a) Residence, No. 2703 EAST 51ST STREET St. KANSAS CITY MISSOURI  
 (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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 17

7. AGE YEARS MONTHS DAYS / If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STUDENT  
 9. Industry or business in which work was done, as saw mill, bank, etc. PASEO HIGH SCHOOL  
 10. Date deceased last worked at this occupation (month and year) JUNE 1939 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MILDRED KANSAS

FATHER 13. NAME JOSEPH M. LOWE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

MOTHER 15. MAIDEN NAME RESSIE FEATHERSTON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE COUNTY MISSOURI

17. INFORMANT (ADDRESS) MR. JOSEPH M. LOWE 2703 EAST 51ST ST - K.C. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK K.C. MO. DATE JULY 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS KANSAS CITY MISSOURI

20. FILED 8-10-1939 Mrs. J. Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Crown, to

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 5:50 P.M.

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

Death by Anoxia  
182  
1310

Other contributory causes of importance:  
Thymic hyperplasia (Persistent)  
Stasis Thymic lymphatic

Name of operation Autopsy Date of 7/9/39  
 What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Patient Date of injury 7/9/39

Where did injury occur? Sarban Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place -  
 Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Asphyxiation

(Signed) J. Brennan, M. D.

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

**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 *H.C. Newcomer*

Licensed Embalmer No. *2043*

P. O. Address *H.C. No.*

**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.**