

REC'D SEP 20 1939

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

29878
Do not use this space.

1. PLACE OF DEATH

(a) County Remiscot Registration District No. 1099
(b) Township Wade Primary Registration District No. 5868
(c) City None (d) Street No. _____ St.
(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 Audrey Lowery

(a) Residence, No. None 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-17-1924
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 7 29

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-13, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1939, to 8-12, 1939
I last saw her alive on 8-12, 1939. Death is said to have occurred on the date stated above, at 3:25 A.M.
The principal cause of death and related causes of importance were as follows:

Typhoid Fever Date of onset 7-16-39

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

Other contributory causes of importance: +

12. BIRTHPLACE (CITY OR TOWN) Dunklin County (STATE OR COUNTRY) Missouri

13. NAME Gilbert L. Lowery

14. BIRTHPLACE (CITY OR TOWN) Chester (STATE OR COUNTRY) Dls.

15. MAIDEN NAME Jonnie Smedling

16. BIRTHPLACE (CITY OR TOWN) Harkersville, Mo. (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) A. L. Lowery
Wadell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mounds Cemetery DATE 8-14, 1939

19. FUNERAL DIRECTOR (NAME) J. P. La Forge (ADDRESS) Warrenton, Mo.

20. FILED 9-2, 1939 J. G. Cream Local Registrar.

Name of operation _____ 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? No
If so, specify _____
(Signed) R. A. Brounager, M. D.
Wadell, Mo. (Address) 570

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3

District File Number 939-54

Date Filed 9/6/39

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.....

J. L. La Forge

Licensed Embalmer No. 3082

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.