

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

**32747**  
Do not use this space.

**1. PLACE OF DEATH** *DEPT OCT 12 1939*  
 (a) County Johnson Registration District No. 55-46  
 (b) Township Post Oak Primary Registration District No. 4256  
 (c) City Leeton, Mo. (d) Street No. \_\_\_\_\_ 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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 430

**2. PRINT FULL NAME** Clarence Edward Lowry  
 (a) Residence, No. Leeton, Mo. R. F. D. 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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF \_\_\_\_\_ (OR) WIFE OF Edith Lowry  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov. 4, 1895  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 10 17  
**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)** Pettib County, Mo.  
**FATHER**  
**13. NAME** Daniel Lowry **14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Cooper Co. Mo.  
**MOTHER**  
**15. MAIDEN NAME** Drusilla Egbert **16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo.  
**17. INFORMANT** Edward Lowry, Leeton, Mo. (ADDRESS)  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Mineral Creek DATE 9-23-39  
**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** R. A. Bruninger, Leeton, Mo.  
**20. FILED** Oct. 4 1939 Annabe Reynolds Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept. 21, 1939  
**22. I HEREBY CERTIFY, That I attended deceased from**  
Sept 15, 1939, to 9-21-39, 19\_\_\_\_\_  
 I last saw him alive on 9-21-39, 19\_\_\_\_\_. Death is said to have occurred on the date stated above, at 7AM m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Essential Hypertension  
 Other contributory causes of importance:  
 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) Clod Windsor (Address) Windsor, Mo.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X16605

Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 10/9/39

**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 \_\_\_\_\_  
me, R. A. Brauninger, Registered Apprentice No. No. 3377  
working under my personal supervision.

Signed R. A. Brauninger  
Licensed Embalmer No. 3377

P. O. Address Leeton, Mo.

**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.**