

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Dec. 11, 1939 to 12/26  
(Specify whether 50 years)  
In this community 50 years  
years, months or days

3. (a) PRINT FULL NAME Frank Lowe  
8. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lottie Lowe 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased February 16, 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 10 If less than one day  
hr. min.

9. Birthplace Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lottie Lowe  
(b) Address Trenton Mo

17. (a) Burial (b) Date thereof 12/29/1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Hatkins Bros.  
(b) Address 1729 Lydia

19. (a) Dec 29, 1939 (b) mmpour  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1212 East 22nd Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26  
year 1939 hour 4 minute 45 M.  
21. I hereby certify that I attended the deceased from 12/11/39  
12/26/39 to 12/26/39 1939  
that I last saw him alive on 12/26/39 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Congestion  
Due to 9:50  
Due to Hypertensive Heart Disease  
Other conditions Hypertensive Heart Disease  
(Include pregnancy within 5 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? Mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Eugene J. [unclear] (M. D. or other)  
Address 1214 Vine Date signed 12/28/39

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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**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..... *Eric Jerome Maylow*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

**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.**