

JAN 13 1940

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

43018
Do not use this space.

1. PLACE OF DEATH

(a) County Carter ² Registration District No. 1030
(b) Township Kelley / Primary Registration District No. 6206 Registered No.
(c) City or (d) Street No. St.
(e) Length of residence in city or town where death occurred 70 yrs. 11 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sidney Johnson Lowe
(a) Residence, No. Hunter, Missouri 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hester Permelia Lowe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 22

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. 40 yrs -
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) Carter County -

13. NAME Adelathia Bessie Lowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Alma Sheehan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Herbert Lowe (ADDRESS) Chilton, Mo -

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelley Cemetery DATE Dec. 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED Jan 11 1940 Glenn A. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1939 to Dec. 19 1939

I last saw him alive on Dec. 17 1939 Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Pneumonia, Bronchial, Left

Date of onset 12-16-39
12-12-39
3 yrs -

Other contributory causes of importance: 121
Hypertension
Chronic Nephritis

Name of operation None 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) Alma C. Buehler M. D.
Van Buren Missouri

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.

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.....

RECEIVED
District Health Officer No. 5,
District File Number 140 127
Date Filed 11-2-60

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.