

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

6449
Do not use this space.

1. PLACE OF DEATH (a) County Delaware Registration District No. 262
 (b) Township Ralph Primary Registration District No. 5364
 (c) City or Farm Home (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Glo-Lewis Lowry
 (a) Residence, No. Carey Dr. 9 St. 9 (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 M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Lee Stiles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1878
7. AGE YEARS 62 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
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) July 1934 **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring City, Mo.
13. NAME S. L. Lowry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
15. MAIDEN NAME Mrs. M. Coyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Joseph Lowry
18. BURIAL, CREMATION, OR REMOVAL PLACE Wenonah DATE 2-29-40
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Haggart
King Chgo 25th
20. FILED 2/27 1940 E. M. Reynolds
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940 to Feb 27 1940
 I last saw deceased on Feb 26, 19____. Death is said to have occurred on the date stated above, at 10:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous Nephritis
 Date of onset _____
 Other contributory causes of importance: No
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? _____
 If so, specify _____
 (Signed) E. M. Reynolds M. D.
 (Address) Wenonah Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FEB MAR 12 1940

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262

5364

Glo-Lewis Lowry

Carey Dr. 9 St. 9

M W Married

Ella Lee Stiles

Jan 1 - 1878

62 1 26

Farmer

Spring City, Mo.

S. L. Lowry

Michigan

Mrs. M. Coyle

Mo.

Joseph Lowry

Wenonah DATE 2-29-40

W. J. Haggart

2/27 1940 E. M. Reynolds
 Local Registrar.

2-27 1940

Jan 1 1940 to Feb 27 1940

Feb 26, 19____

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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? _____
 If so, specify _____

(Signed) E. M. Reynolds M. D.
 (Address) Wenonah Mo

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.....

R. G. Taggart

Licensed Embalmer No.....

25-631

P. O. Address.....

King of the Hill

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.