DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13859

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1571

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.

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: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 45 yr.

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. 1811 Spruce
(If rural, give location)
(e) If foreign born, how long in U. S. A.? life years.

3. (a) PRINT FULL NAME Edward W. Lowman 550
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Inez Lowman
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased 2 (Month) – 26 (Day) – 1871 (Year)
8. AGE: Years 69 Months 1 Days 15 If less than one day hr. min.
9. Birthplace Nebr. (City, town, or county) (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business Armours
MOTHER FATHER
12. Name Thornton Lowman
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Sarah McDougal
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Inez Lowman
(b) Address 1811 Spruce
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director Rose & Henderson
(b) Address 15th & Jackson
19. (a) April 12, 1940 (Date received local registrar) (b) M. M. Cromer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 6/2, 1939, to Apr. 8, 1940 that I last saw him alive on Apr 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of sigmoid	2 yrs
Due to 4/6	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 4/8/39 Large carcinoma upper sigmoid
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. T. Ferson (M. D. or other)
Address 907 Rialto Date signed 4/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 Van Lawson - (Apprentice), Registered Apprentice No. working under my personal supervision.

Signed John B. Tarp

Licensed Embalmer No. 2955

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.