

MAY 15 1940  
Registration District No. **875**

Primary Registration District No. **6162**

Registrar's No. **123**

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural (Washington tp.)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp. #3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 19th & Mos 11 days  
In this community same (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Rural (Washington tp.)  
(If outside city or town limits, write "RURAL")  
(d) Street No. State Hosp. #3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mary E Lowery 600

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife John Lowery 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased OK. OK. 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 OK. OK. hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Albert Amclair

13. Birthplace OK. Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Davis

15. Birthplace OK. W. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp Records

(b) Address State Hosp #3

17. (a) Burial (b) Date thereof 4/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Mo.

18. (a) Signature of funeral director Webb City Ind. Co.  
(b) Address Webb City, Mo. 795

19. (a) 4/28/40 (b) A. Allen V. Hays  
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27<sup>th</sup>  
year 1940 hour 11 minute — P. M.

21. I hereby certify that I attended the deceased from Apr 1st  
1940, to Apr 27, 1940  
that I last saw her alive on Apr. 27<sup>th</sup>, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease

Due to 95%

Other conditions Uremia  
(Include pregnancy within 3 months of death) 10da

Major findings: Of operations —  
Of autopsy NO

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?

While at work? (Specify type of place) (e) Means of injury —

23. Signature Thos A. Hopkins (M. D. or other)  
Address State Hosp #3 Date signed 4/27/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 5-40-741

Date filed 5-6-40

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

*A K Mills*

Licensed Embalmer No.

*347*

P. O. Address

*West City, 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.