

No. 7  
-17-39  
K21492

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 615

Primary Registration District No. 5817

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cherokee  
(b) City or town Dueneweg  
(c) Name of hospital or institution: None  
(d) Length of stay: In hospital or institution 1 day  
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Granby  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James W. F. Lowe

(b) If veteran, name war No. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 25, 1864

8. AGE: Years 75 Months 10 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kentucky

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name James Lowe

13. Birthplace Kentucky

14. Maiden name Julia Hudd

15. Birthplace Unknown

16. (a) Informant Fernann Lowe

(b) Address Dueneweg, Missouri.

17. (a) Removal burial (b) Date thereof 7-3-1940

(c) Place: burial Granby, Mo.

18. (a) Signature of funeral director John H. Gurnel

(b) Address 200 S. Francis Picher, Okla.

19. (a) July 3<sup>rd</sup> 1940 (b) Mrs. U. S. Chapman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6/30/40 to 6/30/40

that I last saw him alive on 6/30/40 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to 9-1-13

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 0

Of autopsy 0

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 875

While at work \_\_\_\_\_ (Specify type of place)

23. Signature W. H. Gash (M. D. or other) \_\_\_\_\_

Address Dueneweg, Mo. Date signed \_\_\_\_\_

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

RECEIVED JUL 18 1940

District Health Officer No. 6,

District File Number 740-2309.

Date Filed JUL 9 1940

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**