S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1940

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1

State File No. 24466

Registrar's No.

1. PLACE OF DEATH:

(a) County Adair 1

(b) City or town Kirksville, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether

In this community 3 yr. 8 mo. 17 Da. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 6

(a) State Missouri (b) County Adair

(c) City or town Kirksville (If outside city or town limits, write "RURAL")

(d) Street No. 408 S. Ely (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Roberta Louise Lowrance 65

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

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

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

7. Birth date of deceased Nov (Month) 16 (Day) 1936 (Year)

8. AGE: Years 3 | Months 8 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Kirksville, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Frederick Lowrance 0
13. Birthplace Golden City, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ieca Roine Greenlee
15. Birthplace Stanberry, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frederick & Ieca Lowrance

(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mapel Hill Memorial

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo.

19. (a) Aug. 9/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1940 hour 2 minute 45 p. M.

21. I hereby certify that I attended the deceased from July 5, 1940, to Aug 3, 1940 that I last saw her alive on Aug 3, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhagic nephritis	3 weeks
Due to 3rd degree burns of entire abdomen and back	July 5 1940
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) Accident

(b) Date of occurrence July 5/40

(c) Where did injury occur? Kirksville (City or town) Adair (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3 In yard at home (Specify type of place)

While at work? Play (e) Means of injury Burns

23. Signature J. J. Kimp (M. D. or other MD)

Address Kirksville, Mo. Date signed 8-3-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-40-1657
Date Filed AUG 15 1940

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 Laura A. Riley, Registered Apprentice No. ..... working under my personal supervision.

Signed Laura A. Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville Mo

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

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