

No. 2
-1-
5-1-1940
I X21492

Registration District No. **653**

Primary Registration District No. **5865**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Mo. Pemiscot**
(b) City or town **Portageville R#2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether)
In this community **years**
years, months or days)

3. (a) PRINT FULL NAME **William Thomas Lowery**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bettie Elizabeth Penelton Lowery** 6. (c) Age of husband or wife if alive **18 1/2**

7. Birth date of deceased **July 11 1868**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **22** If less than one day hr. min.

9. Birthplace **Conn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business **Blacksmith**

12. Name **Elgar Lowery**

13. Birthplace **Conn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Emilie Walker**

15. Birthplace **Conn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Will Stanley**
(b) Address **Hartsville, Mo.**

17. (a) **Burial** (b) Date thereof **July 15 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **burial** or cremation **Dry Bayou Cemetery**

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) **7/16/40** (b) **Pearl Kelley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pemiscot**
(c) City or town **Portageville R#2**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15** year **1940** hour **4** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **June 17** 19**40** to **July 15** 19**40**
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary heart disease**

Dissection

Due to **Coronary heart disease**

Due to _____

Other conditions (include pregnancy within 3 months of death) **94 1/2**

Major findings: Of operations _____

Of autopsy _____

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? **94 1/2**

(Specify type of place) (e) Means of injury _____

23. Signature **Alex. Hine** (M. D. or other) **!**
Address **Hartsville, Mo.** Date signed **7-16-40**

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

MOTHER FATHER

Duration
PHYSICIAN
Underlines the cause to which death should be charged statistically.

8-40-6

James F. ...

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.