

Registration District No. 561

Primary Registration District No. 5756

Registrar's No. 52

NOV 20 1940

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon Rural Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
in this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon - Franklin
(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.

3. (a) PRINT FULLNAME Harriett Elizebeth Lowery

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

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

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

7. Birth date of deceased November 18 1949
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 10 28 hr. min.

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Gregory

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

14. Maiden name VanBebber

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

16. (a) Informant Charles Lowery

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 10-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Docley

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 10-18-1940 (b) Reese Taylor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Oct 8 1940 to Oct 16 1940
that I last saw her alive on Oct 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Alzheim

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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 E G Seaton (M. D. or other) MD

Address _____ Date signed _____

Duration 8 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
Miller County Health Dep't.
County File Number 40-104
Date Filed 11/12/40

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.....

..... Louis D. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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, fact should be so stated above.