

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36035
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
(b) Township Rolla Primary Registration District No. 4403
(c) City Rolla (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Katherine Lowery

(a) Residence, No. Rolla, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Lowery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 8 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg Mo

13. NAME Louis Baumann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Amanda Tripp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Missouri

17. INFORMANT (ADDRESS) Walter Lowery
Rolla Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo DATE Oct 23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs Harry McCaw
Rolla Mo

20. FILED Oct. 23 1940 Jos. F. Uyen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1940 to Oct 22 1940.
I last saw him alive on Oct 20 1940. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver Date of onset 1940

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) William H. Brewster M. D.
(Address) St James, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.