

JAN 17 1941
Registration District No.

Primary Registration District No. 5613

Registrar's No.

53

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Rural, Springhollow Twp
(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 _____

3. (a) PRINT FULL NAME Margaret Lowery

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

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

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

7. Birth date of deceased (Month) 6 (Day) 7 (Year) 1892

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Dallas Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Green Marley

13. Birthplace Dallas Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Marley Hamlet

15. Birthplace Dallas Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis L. Lowery
(b) Address Phillipsburg mo R# 1

17. (a) burial (b) Date thereof 12 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Rock in Dallas Co

18. (a) Signature of funeral director W. E. Heiman
(b) Address Lebanon, mo

19. (a) 1-3-40 (b) J. M. Coult
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede

(c) City or town Rural, Springhollow Twp
(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 12 day 30
year 1940 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from 12-28, 1940 to 12-30, 1940
that I last saw her alive on 12-30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Dislocation of left
ventricle of heart

Due to _____
Due to Fever

Other conditions (Include pregnancy within 3 months of death) 1st 2nd 3rd

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) _____
(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? yes

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. W. Lindsay (M. D. or other) M.D.
Address Conway Date signed 12-31-40

RECEIVED

District Health Officer No. 7,

District File Number 1-41-144

Date Filed 1-14-41

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, fact should be so stated above.