

JAN 25 1941  
Registration District No. 268

Primary Registration District No. 3032

Registrar's No. 389

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution:  
1515 South Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community five years (Specify whether years, months or days) 2

8. (a) PRINT FULL NAME Mrs. Monema Robertson Lowrey  
3. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 6. Color White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Milton Lowrey 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased November 27, 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cooper County, Missouri (Rural)  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name David Robertson  
13. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Serena Boles  
15. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse W. Martin (Grandson)  
(b) Address 1515 South Missouri

17. (a) Burial (b) Date thereof Dec 15, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Syracuse, Missouri

18. (a) Signature of funeral director Jewell E. Richards  
(b) Address Hopewell

19. (a) 12/15/40 (b) Wm. Alvin Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1515 South Missouri  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14  
year 1940 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from 12-5  
\_\_\_\_\_, 1940, to 12-14, 1940  
that I last saw her alive on 12-14, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
bronchopneumonia  
chronic myocarditis  
Due to congestive heart failure  
arteriosclerosis generalized  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)  
43C

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?  
While at work? \_\_\_\_\_ (Specify type of place).  
(e) Means of injury \_\_\_\_\_

23. Signature J. M. Rodman (M. D. or \_\_\_\_\_)  
Address Sedalia, MO Date signed 12-15-40

Duration 10 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Dr. Rodeman

318.0 W.S. =

RECEIVED  
District Health Officer No. 8,  
District File Number  
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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: James E. Richard  
Licensed Embalmer No. 2466  
P. O. Address Lipton, Va

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.