FILED FEB 14 1941

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

1590
Do not use this space.

1. PLACE OF DEATH
(a) County Atchison — Registration District No. 20
(b) Township ~~Tarkio~~ — Primary Registration District No. 4014 — Registered No. 003
(c) City Tarkio Missouri. / (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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. 0 mos. ds.

2. PRINT FULL NAME CHARLES EDWARD LOWMAN.
(a) Residence, No. Tarkio Missouri. St. ☐ 0 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ✓ white
4. COLOR OR RACE Male
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married. /
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Lowman.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1852
7. AGE YEARS 87 MONTHS 10 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. XXX
10. Date deceased last worked at this occupation (month and year) 1920
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus City Iowa. /

FATHER
13. NAME George Lowman.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME Saunders.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England. 4

17. INFORMANT (ADDRESS) Jess Bowman Tarkio, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tarkio Mo DATE July 30, 1940

19. FUNERAL DIRECTOR (ADDRESS) W. B. Clemmons Tarkio Mo

20. FILED July 30 1940 Clem Naugh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30. 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to July 30, 1940
I last saw him alive on July 27, 1940. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	?
Chronic myocarditis	?

Other contributory causes of importance: 92
Senility
Malnutrition — Jan 1940

Name of operation ✓ 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) Charles H. Flynn, M. D.
17 (Address) Tarkio, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, W. S. Clement, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. S. Clement

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. S. Clement

Licensed Embalmer No. 3381

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)