

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6412**

MAR 11 1941
Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **98**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Poplar Bluff Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 1/2 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Hidion - Rural**
(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. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27**
year **1941** hour **3** minute **56** M.

21. I hereby certify that I attended the deceased from **Feb 24**, 1941, to **Feb 27**, 1941
that I last saw him alive on **Feb 27**, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia
Due to **Acute gangrene of appendix**
Due to **-**

Duration

Other conditions **Mycobacterium chelonae**
(Include pregnancy within 6 months of death)

Major findings:

Of operations **gangrene ruptured appendix**
Of autopsy **usual**

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? **-**

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

23. Signature **J. M. Hensch** (M. D. or other) **D**
Address **Poplar Bluff Mo** Date signed **2-27-41**

3. (a) PRINT FULL NAME **Fred Lowry**

(b) If veteran, name war **-** (c) Social Security No. **-**

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

(b) Name of husband or wife **Cora Lowry** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **74** Months Days If less than one day hr. min.

9. Birthplace **1 Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labour**

11. Industry or business

MOTHER FATHER { 12. Name **John Lowry**
13. Birthplace **unknown** 9 **-**
(City, town, or county) (State or foreign country)
14. Maiden name **-**
15. Birthplace **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. W. Lowry**

(b) Address **Hidion Mo**

17. (a) **Burial** (b) Date thereof **2-28-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Monroe Cemetery - near 2nd St. Mo.**

18. (a) Signature of funeral director **H. J. Smith**

(b) Address **Canthessville Missouri**

19. (a) **3/1/41** (b) **Kate Lutz C/O**
(Date of local registrar) (Registrar's signature) **DL**

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

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, Missouri

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.