No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11085

Registration District No. 421 Primary Registration District No. 5576 Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Platlin Township
(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 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kenneth Dale Lowe
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 17 (Day) 1940 (Year)

8. AGE: Years — Months 10 Days 29 If less than one day hr. min.

9. Birthplace Marion county (City, town, or county) mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Lawrence Lowe
13. Birthplace Marion county (City, town, or county) mo (State or foreign country)
MOTHER
14. Maiden name Lorene Chalfield
15. Birthplace Marion county (City, town, or county) mo (State or foreign country)
16. (a) Informant Lawrence Lowe
(b) Address Rush Tower mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Weaver Cemetery
18. (a) Signature of funeral director Fink Und Co.
(b) Address Festus mo.
19. (a) 3-25-41 (Date received local registrar) (b) J E Rutledge M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from March 16, 1941, to —, 19 ;
that I last saw him alive on March 16, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia of both sides	
Due to	
Due to	
Other conditions (Include pregnancy within 5 months of death)	
Major findings: Of operations	
Of autopsy	

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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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature B. Bolgar, M.D. (M. D. or other) D
Address Festus, Mo Date signed 3/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.