No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18205

Registration District No. 431 Primary Registration District No. 3023 Registrar's No. 71

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 620 Highland Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 57
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Andrew S. Lowry
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathern Lowry
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Aug. (Month) 20. (Day) 1857 (Year)

8. AGE: Years 83 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Athens (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Jehile Lowry
13. Birthplace Athens (City, town, or county) Ohio (State or foreign country)
14. Maiden name Melissa Ross
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant F. M. Lowry
(b) Address Warrensburg, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg Mo
19. (a) May 23-41 (Date received local registrar) (b) Bettie Gentry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 7:10 minute P M.
21. I hereby certify that I attended the deceased from April, 1941, to, 19; that I last saw him alive on 5-20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism — Duration 1 week
Due to Arterial Sclerosis — years?
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 R. Lee Cooper (M. D. or other) O
Address Warrensburg Mo Date signed 5-23-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-12-41

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 R. Q. Phillips, Registered Apprentice No. ..... working under my personal supervision.

Signed R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg

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.