No. 2
4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1941

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27664

Primary Registration District No. 200

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Walnut Township Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kirksville Mo. R.F.D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 77 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lina Lowe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife F. J. Lowe

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 8 (Day) 1864 (Year)

8. AGE: Years 77 Months 3 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Samuel Saldsby

13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

14. Maiden name Fannie A. Hargis

15. Birthplace Dingo Co. (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Maud Keim

(b) Address Kirksville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 28-41 (Month) (Day) (Year)

(c) Place: burial or cremation Union Temple Cemt.

18. (a) Signature of funeral director Mrs Laura Riley

(b) Address Kirksville MO.

19. (a) Aug 11/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1941 hour One minute 30 A. M.

21. I hereby certify that I attended the deceased from 1934 ....., 19..... to July 26 1941 that I last saw h. alive on July 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Cerebral Hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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.O. Stickler (M. D. or other) (Date)

Address Kirksville Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1567
Date Filed AUG 21 1941

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 Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville Mo.

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

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