S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34652

Registration District No. 203 Primary Registration District No. 4122 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Smithville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Smithville Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town rural -- North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. (Winnwood) Route #8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ~~CARL HARGUS LOWE~~ CARL H. LOWE
3. (b) If veteran, name war no
3. (c) Social Security No. 487-01-2960
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine Lowe
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased March 10, 1908 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
33	6m	14	hr. min.

9. Birthplace Nashua, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Laobrer
11. Industry or business American Can Co.

FATHER
12. Name Tom Lowe
13. Birthplace Helena, Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie M. Parker
15. Birthplace Winchester, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Lowe
(b) Address Route #8, North K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Missouri
18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.
19. (a) Oct 10-41 (Date received local registrar) (b) Sula L Ray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24 year 41 hour 4 minute 30 p.m.
21. I hereby certify that I attended the deceased from 9-14, 1941 to 9-24, 1941 that I last saw him alive on 9-24, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Peritonitis	11 days
Due to Ruptured appendix	11 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Rupt. appendix & generalized peritonitis
Of autopsy none

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 J. Leonard Wilson (M. D. or other)
Address Smithville, Mo. Date signed 9-24-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District Fire Number 11-5-41
Date Filed

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 Harold L. Posson, Registered Apprentice No. ..... working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

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.