

DEC 18 1941  
Registration District No. ....

Primary Registration District No. 5261A

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Chodwick Mo  
(c) Name of hospital or institution: 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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Christian  
(c) City or town Chodwick Mo. 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.? Life years.

3. (a) PRINT FULL NAME Jessie Maude 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 married  
6. (b) Name of husband or wife DADE LOWE 6. (c) Age of husband or wife if alive 3 years  
7. Birth date of deceased aug 3 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 1 If less than one day  
hr. .... min.

9. Birthplace MO D  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Jessie Jenkins

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

14. Maiden name Laura Jenkins

15. Birthplace MO D  
(City, town, or county) (State or foreign country)

16. (a) Informant John Duple

(b) Address Chodwick Mo

17. (a) Burial (b) Date thereof Sept 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chodwick Mo

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Nov 12 - 1941 (b) Ina Jones  
(Date received local registrar) (Registrar's signature)

112 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4  
year 1941 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 2, 1941, to Sept 4, 1941  
that I last saw her alive on Sept 2, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death intestinal hemorrhage Duration 10 days  
Due to Probably Cancer  
History of several months sickness

Other conditions (Include pregnancy within 3 months of death) H6

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?

While at work?..... (Specify type of place) (e) Means of injury 0

23. Signature R. B. Farthing (M. D. or other).....  
Address Chodwick Mo Date signed 9/15/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1241-1894

Date Filed DEC 16 1941

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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

*T. B. Chaffin*

Licensed Embalmer No. 2192

P. O. Address Ogark 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.