

FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42589
State File No. _____

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 135

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEOSHO RURAL #
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Newton #3
(c) City or town Neosho Rural # 4
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 14
year 1941 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from March
1938 to Dec 14 1941;
that I last saw him alive on Dec 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate & right kidney Duration about 2 years

Due to unknown
Due to 518
Other conditions Chronic obstructed nephritis
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Melvin E. Bowman (M. D. or other) M.D.
Address Neosho, Mo Date signed Jan 14 1942

3. (a) PRINT FULL NAME Anthony Wayne Lowery
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thena Lowery 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct 22 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES LOWERY
13. Birthplace New York
(City, town, or county) (State or foreign country)

{ 14. Maiden name Jane Lowery
15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamma South
(b) Address Neosho Mo

17. (a) BURIAL (b) Date thereof Dec 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 007 Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Neosho Missouri

19. (a) 1-2-42 (b) Donald R. Salvo
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 142-125

Date Filed JAN 13 1942

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Neosho 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.