

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18474
Do not use this space.

1. PLACE OF DEATH
(a) County Marion Registration District No. 548
(b) Township Palmyra Primary Registration District No. 4323 Registered No. 31
(c) City Palmyra (d) Street No. 4 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gertrude Myrtle Lowe
(a) Residence, No. Palmyra, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira Lowe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 11 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME William Hutcherson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

MOTHER 15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

17. INFORMANT (ADDRESS) Mrs. Everett Watterman
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE 9/16/41 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Bros
Palmyra, Mo.

20. FILED Sept. 16, 1941 Gertrude Lowe
Lic. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1940 to Sept 14, 1941
I last saw her alive on Sept 14, 1941. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma of uterine glands.
Date of onset 5/29/40
188

Other contributory causes of importance:
Carcinoma uterus removed in Oct. 1939

Name of operation xxat Date of xxat
What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 2
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr. J. P. Plummer M.D.
(Address) Palmyra, Mo.

1145

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 W. B. Lewis

Licensed Embalmer No. 2382

P. O. Address Salmon, 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, above space should be left blank.