

FILED OCT 9 1942

State File No.

Registration District No.

Primary Registration District No. 4164

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Daviess

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

(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 Life
(Specify whether years, months or days)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Altamont
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Derwood Belmont Lowell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18
year 1942 hour 8 minute 30 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nannie Rush Lowell

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 7 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 26 1942 to Sept. 18 1942
that I last saw him alive on Sept. 18 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>12</u>	hr. min.

Immediate cause of death Bright's disease

Due to.....

Due to.....

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

10. Usual occupation Farmer

Other conditions Enlarged Prostate
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name Solomon Lowell

13. Birthplace Sheridan New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Reploge

15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

Major findings: 1316

Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Derwood Lowell

(b) Address Altamont, Mo.

17. (a) Burial (b) Date thereof 9-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

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?.....

18. (a) Signature of funeral director Hope Funn & Indt.

(b) Address Gallatin Mo.

19. (a) 9-23-1942 (b) L. R. Doolin
(Date received local registrar) (Registrar's signature)

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

23. Signature L. R. Doolin (M. D. Ill.)
Address Gallatin Mo. Date signed 9-23-42

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

31

1084

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

L. A. Richardson

Licensed Embalmer No.

3302

P. O. Address

Dallatin, 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.