S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40083

Registration District No. ____ Primary Registration District No. 5007 Registrar's No. 343

1. PLACE OF DEATH:

(a) County Adair
(b) City or town "Rural" Saltrivier
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: "Home", 3 Miles east of Kirksville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville, "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles east of Kirksville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Robert Cleveland Lowe

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Hazel Lowe 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug. (Month) 3 (Day) 1883 (Year)

8. AGE: Years 59 Months 4 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Schuyler Co., (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name John Lowe
13. Birthplace ____ (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Amilda Matherley
15. Birthplace ____ (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. Nellie Lowe
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director D E Riley
(b) Address Kirksville, Mo.

19. (a) Jan. 4, 1943 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1942 hour 5:15 minute P: M.

21. I hereby certify that I attended the deceased from Aug 6 1942 to Dec. 24 1942 that I last saw him alive on Dec 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration

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 C L Martin (M. D. or other) D.O.
Address Kirksville Date signed 12/30/42

(Licensed Embalmer's S[illegible]ent on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-43-91
Date Filed JAN 11 1943

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.