

State File No. ....

Registrar's No. 196

LED MAR 4 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County. Buchanan

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

(c) Name of hospital or institution:  
2824 South 21  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. none (Specify whether)

In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Buchanan

(c) City or town. St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2824 South 21  
(If rural, give location)

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

3. (a) PRINT FULL NAME PRATT ARMINGTON LOWE

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex. Male

5. Color or race. White

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

6. (b) Name of husband or wife. Jimmie E. Lowe

6. (c) Age of husband or wife if alive. 57 years

7. Birth date of deceased. Oct 19 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>1</u>	..... hr. .... min.

9. Birthplace. New Market Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Attendant

11. Industry or business. State Hosp't. # 2.

12. Name. William A. Lowe

13. Birthplace. unknown Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name. Sarah Ann Dotson.

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

16. (a) Informant. Mrs. J. A. Lowe

(b) Address. 2824 S. 21 St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2/22/43  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Pleasant Ridge Cem. Near Weston, Mo.

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

(b) Address. 319 S. 10. St. Joseph, Mo. Home

19. (a) 2-22-43 (b) Arce Stergos  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Feb. day. 20  
year. 1943 hour. 4 minute. 30 A.M.

21. I hereby certify that I attended the deceased from Feb 17 1943 to Feb 20 1943  
that I last saw him alive on Feb 19th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Angina  
Pectoris 1 wk

Due to .....

Due to .....

Other conditions. 948  
(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?

While at work?..... (Specify type of place)

(a) Means of injury.....

23. Signature. Arce Stergos (M.D. or State)

Address. State Hospital # 7 Date signed 2/20/43

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

MOTHER FATHER

MAR 4 1943

*[Handwritten initials]*

*Condemn*

**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

*2/20/43*

Registered Apprentice No.

working under my personal supervision.

Signed

*[Handwritten signature: J. Harold Bowman]*

Licensed Embalmer No. *3619*

P. O. Address *St. Joseph, 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.