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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6183

State File No.

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin
(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 years, months or days)
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. ---
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nannie A. Lowrie

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harvey C. Lowrie

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

7. Birth date of deceased January (Month) 2 (Day) 1861 (Year)

8. AGE: Years 82 Months 1 Days 19 If less than one day ... hr. ... min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Eli Sharrah
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Louisa Jane Boor
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Joseph H. Lowrie
(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Furn. & Undt.
(b) Address Gallatin, Mo.

19. (a) 2-22-1943 (Date received local registrar) (b) R. O. Dickerson (Registrar's signature)

1084

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1943 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from Dec 28 1942 to Feb 21 1943 that I last saw her alive on Feb 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus & Rectum — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(e) While at work? (f) Means of injury

23. Signature Dr. S. I. Rhim (M. D. or other)
Address Gallatin Mo Date signed Feb 22-43

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. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.