

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

FILED AUG 6 1943

149

Registration District No.

Primary Registration District No. **1002**

Registrar's No.

**3161**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Kansas City General Hospital No. 10**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **16 min**  
**41 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Louis Gordon Lower**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-05-7695**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Dazie B. Lower** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **February 2 1902**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**41 5 25/6** hr. min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Director of Municipal Auditorium**

11. Industry or business

12. Name **Elmer Lower**

13. Birthplace **Houstonia Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eva McConnell**

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

16. (a) Informant **Mrs. Dazie B. Lower**

(b) Address **3826 McGee Street**

17. (a) **Burial** (b) Date thereof **July 20, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **1111 Mt. Washington Cemetery**

18. (a) Signature of funeral director **A. H. Newcomb**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-19-43** (b) **J. E. Brown**  
(Date received from relatives) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3826 McGee Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18** 19**43** year **1943** hour **A.** minute **10** M.

21. I hereby certify that I attended the deceased from **1943** to **1943** that I last saw him **Deputy Coroner** and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis pericardium**  
Due to **gunshot wound of chest.**  
Other conditions **166**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See Above**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Homicide**  
(b) Date of occurrence **July 18, 1943**  
(c) Where did injury occur? **Kansas City, Jackson Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) Means of injury **Gunshot**

23. Signature **A. E. Upsher** (M.D. or other) **M.D.**  
Address **23rd Mc Coy** Date signed **7/18/43**

AUG 9 1948

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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address K C M.

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.