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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 24701
 Registrar's No. 53

FILED AUG 17 1943

Registration District No. 1

Primary Registration District No. 5286

1. PLACE OF DEATH:

(a) County Clark
 (b) City or town Wyconda, Mo. "Rural"
 (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
 In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark
 (c) City or town Wyconda Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Josephine Lowry

3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife W.E. Lowry
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Aug. 4 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 2 hr. min.

9. Birthplace Winchester Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

MOTHER FATHER { 12. Name Marion Dawson
 13. Birthplace Winchester Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Alkin
 15. Birthplace Winchester Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant W.E. Lowry
 (b) Address Wyconda Mo
 17. (a) Burial (b) Date thereof June 9 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation LaBelle Cemetery

18. (a) Signature of funeral director Butt & Roberts
 (b) Address
 19. (a) 7-27-43 (b) Perry J. Boston
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 6 day 6th
 year 1943 hour 3 minute 0 P. M.
 21. I hereby certify that I attended the deceased from Jan 6 1943
 to June 6 1943
 that I last saw her alive on June 4 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
 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?

While at work? (Specify type of place) (e) Means of injury
 23. Signature B. F. Hutchinson D.O.
 Address Wyconda Mo Date signed 7/24/43

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

SEP 22 1943

SEP 24 1943

JUL 13 1953

RECEIVED

District Health Officer No. 10

District File Number 8-43-1357

Date Filed AUG 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

Geo. V. Borbeck

Licensed Embalmer No.

1817

P. O. Address

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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.