

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Elberny
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lincoln
(c) City or town Elberny
(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 Ann B Lowell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11 year 1943 hour 6 minute 00 M.
21. I hereby certify that I attended the deceased from June 11 - 1943 to June 11 - 1943
that I last saw her alive on June 11 - 1943 and that death occurred on the date and hour stated above.
Immediate cause of death was due to passive congestion due to enlarged heart caused to her

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Ben 6. (c) Age of husband or wife if alive _____ years

Duration 2 day
Due to _____ 4 yrs
Due to _____

7. Birth date of deceased: Aug 29 1866
(Month) (Day) (Year)
8. AGE: Years 76 Months 9 Days 12 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 92d
Of autopsy _____

9. Birthplace Pike Co MO (City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business _____
12. Name Sidney Robinson
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name Evelyn Himm
15. Birthplace MO (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant D B Lowell
(b) Address Elberny MO
17. (a) Burial (b) Date hereof Jan 13-43
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery
18. (a) Signature of funeral director D W Bradley
(b) Address Elberny
19. (a) July 16 1943 (b) H. B. Williams
(Date received local registrar) (Registrar's signature)

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 H. B. Williams (M. D. or other) _____
Address Elberny MO Date signed 7-25-43

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

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..... *W. H. Bradley*

Licensed Embalmer No. *3966*

P. O. Address..... *Edmund Ms*

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.