

ED NOV 6 1943
Registration District No. 339

Primary Registration District No. 4502

State File No. _____
Registrar's No. 22

1. PLACE OF DEATH:
(a) County. Stoddard
(b) City or town. Puxico
(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

3. (a) PRINT FULL NAME Carroll Wayne Lowe
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex. Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Oct. 29, 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace. Detroit Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____
12. Name Ruffus Lowe
13. Birthplace Advance Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Violet Remby
15. Birthplace Wappopello Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruffus Lowe
(b) Address Puxico, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rock Hill, 10-1-43

18. (a) Signature of funeral director Watkins Fun. Ser.
(b) Address Puxico, Mo.

19. (a) Dec. 3, 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 10
(a) State. Missouri (b) County. Stodda
(c) City or town. Puxico
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 30
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 30
11:30 a.m., 19 43 to Sept 30 12:30 p.m., 19 43
that I last saw him alive on Sept 30
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
cause of failure unknown

Due to unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 2000
Of operations _____

Of autopsy _____

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 g

23. Signature A. M. Wiley (M. D. or other) 00
Address Puxico, Mo. Date signed 10/1/43

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

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

Rev. 3-21-43 1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 2,

District File Number 1143-1369

Date Filed 11-3-43

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.....

Cluster R Roof

Licensed Embalmer No. 3044

P. O. Address Dexter 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, above space should be left blank.