

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41416

State File No. _____

Registrar's No. 321

FILED JAN 10 1944
Registration District No. _____

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stickler Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knox ⁵²
(c) City or town Novelty ⁰
(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 CHARLES WESTLEY LOWE JR.

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Dec. day 6
year 1943 hour 10 minute 30 P. M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

21. I hereby certify that I attended the deceased from Dec. 6, 1943, to Dec. 6, 1943 that I last saw him alive on Dec. 6, 1943 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____

7. Birth date of deceased: 12-6-1943
(Month) (Day) (Year)

atelectasis

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

Due to _____

9. Birthplace: Kirksville mo
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation _____

Other conditions (Include pregnancy within 3 months of death) 161a

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER { 12. Name Chas. W. Lowe
13. Birthplace Kirksville mo
(City, town, or county) (State or foreign country)

Of autopsy _____

{ 14. Maiden name Betty Jones
15. Birthplace Omaha Neb
(City, town, or county) (State or foreign country)

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

16. (a) Informant Charles Lowe
(b) Address Novelty mo

22. If death was due to external causes, fill in the following:

17. (a) Rural (b) Date thereof 12-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation Bephal Cemetery

(b) Date of occurrence _____

18. (a) Signature of funeral director Summers
(b) Address Kirksville mo

(c) Where did injury occur? _____ (City or town) (County) (State)

19. (a) 12/21/43 (b) Dr. J. W. Wagoner
(Date received local registrar) (Registrar's signature)

(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 R. P. Stickler (M. D. or other) MO
Address Novelty mo Date signed _____

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

RECEIVED

District Health Order No. 10

District File Number 1-44-14

Date Filed JAN 7 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.