

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days) 42 yrs. 10 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry

(c) City or town Cassville  
(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 0

3. (a) PRINT FULL NAME Rosie Jane Lowe

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Jessie Wm. Lowe

6. (c) Age of husband or wife if alive, years 23

7. Birth date of deceased Oct. 23, 1867  
(Month) (Day) (Year)

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

76 0 28 hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business .....

12. Name Wm. S. Hobbs

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hoff

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

16. (a) Informant Clyde H. Lowe

(b) Address Cassville Rt. #2 Mo.

17. (a) Burial (b) Date thereof 11-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cahilley

18. (a) Signature of funeral director W. D. Moon

(b) Address Cassville, Mo.

19. (a) Nov 29-1943 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1943 hour 7:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov  
1941 to Nov 21 1943  
that I last saw her alive on Nov 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Bright's disease

Due to 4

Other conditions (include pregnancy within 3 months of death) 1318

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 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? .....

(Specify type of place)

While at work? (e) Means of injury 2

23. Signature Dr. W. R. M. Chase (M. D. or other) DO  
Address Cassville Date signed 11/26/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1243-1385

Date Filed DEC 13 1943

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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.....

me..... Registered Apprentice No.....

working under my personal supervision.

Signed W. C. Koon.....

Licensed Embalmer No. 4359

P. O. Address Cassville, 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, fact should be so stated above.