

FILED JAN 25 1944

State File No. _____

Registration District No. 42

Primary Registration District No. 1005

Registrar's No. 11

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (c) Name of hospital or institution State Hosp. #22
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 16 years 28 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Holt
 (c) City or town Craig
 (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 ALLEN LOWDEN
 3. (b) If veteran, name war allen Lowden
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 5th
 year 1944 hour 4 minute P.M.
 21. I hereby certify that I attended the deceased from 5th 1944 to Jan 5 1944
 that I last saw him alive on Jan 5th 1944
 and that death occurred on the date and hour stated above

4. Sex male
 5. Color white
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 20 1872
 (Month) (Day) (Year)

Immediate cause of death Brain tumor
 Parenchymatous nephritis
 Duration 3 mts
 Due to General paresis

8. AGE: Years 71 Months 3 Days 15
 If less than one day hr. min.

9. Birthplace South Dakota /
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business In farm

12. Name G. B. Lowden

13. Birthplace Henry Co. Ky /
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Moore

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

16. (a) Informant J. J. Lowden (Brother)

(b) Address New Point Mo

17. (a) Burial & Removal (b) Date thereof 1-7-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish Cemetery - near Craig

18. (a) Signature of funeral director Wilber L. Scholer

(b) Address Craig, Mo

19. (a) 1-7-44 (b) Rose Huzar
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
 30 lb
 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 _____ (M. D. or other) _____
 Address State Hospital #2 Springfield Date signed 1-17-44

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

1233

(Licensed Embalmer's Statement on Reverse Side)

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wilber L. Schober*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.