

FILED FEB 16 1944

Registration District No.

Primary Registration District No. 5826

Registrar's No. 105

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town La Font Twp
(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 One week years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Bural
(If outside city or town limits, write "RURAL")

(d) Street No Near High Bridge School (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Henry Lowan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 21 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1944 (hour 7 minute 10 M.)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 1 Days 23 If less than one day _____ hr. _____ min.

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

Immediate cause of death No medical attendant by all record death acute myocarditis

Due to _____

Due to _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Lowan

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

14. Maiden name unknown

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

Major findings: Of operations 93a

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant son Lowan
(b) Address Portageville, MO

17. (a) Bural (b) Date thereof 1-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director North Dean
(b) Address Portageville, MO

19. (a) 2-7-44 (b) Mrs. P. L. Farneth
(Date registered 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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Leslie H. Smith Deputy Coroner
(Name and other) _____
Address New Madrid, MO Date signed 1/18-44

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

72
00

1270

RECEIVED

District Health Office No. 2,

District File Number 244-310

Date Filed 2-12-44

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 Noel C. Dean

Licensed Embalmer No. 3946

P. O. Address Portageville, 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.