

FILED OCT 6 1944

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County 999
(c) City or town Brooks (If outside city or town limits, write "RURAL") 13
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 2

3. (a) PRINT FULL NAME George H. Lowder
3. (b) If veteran, name war None 3. (c) Social Security No. None

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 alive _____ years

7. Birth date of deceased May 31, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 21 If less than one day hr. _____ min. _____
9. Birthplace Callaway County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business _____
12. Name Fielding Lowder
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Maggie Davis
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Leslie H. Lowder
(b) Address Mexico, Mo.
17. (a) Burial (b) Date thereof Sept. 23, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Earl E. ...
(b) Address Mexico, Mo.
19. (a) 9/23/44 (b) Margaret H. Mackin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 21 year 1944 hour 9:40 minute P M.
21. I hereby certify that I attended the deceased from Sept 4, 1944 to Sept 21, 1944
that I last saw him alive on Sept 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach thro. myocarditis
Due to General arteriosclerosis
Due to Hardening
Other conditions Hb
(Include pregnancy within 3 months of death)

Major findings: Obstruction of diaphragm due to growth of carcinoma.
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 5
23. Signature H. H. ... (M. D. or other M.D.)
Address Mexico, Mo. Date signed 9/23/44

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

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

4
1
2

1078

RECEIVED

District Health Officer No. 10

District File Number 10-44-1657

Date Filed OCT 5 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.....

Earl E. Precht.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189.....

P. O. Address Mexico, M......

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.