V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24567

Registration District No. 26-3 Primary Registration District No. 5859 Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Skidmore (Rural Monroe Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community about 63 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. about 1 M. S. E. "Rural"
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Alva Lowrance

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Zerilda Lorance

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April (Month) 16 (Day) 1866 (Year)

8. AGE: Years 79 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Valley Crusis (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Lewis Lawson Lowrance
13. Birthplace (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Homer Lowrance
(b) Address Maryville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Graves Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 S. Main Maryville Mo

19. (a) July 27-45 (Date received local registrar) (b) Mrs John Hockenhull (Registrar's signature)

1385

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 24, 1945, to July 24, 1945; that I last saw him alive on July 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

NOOW

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. G. Burton (M. D. or other) M.D.

Address Skidmore, Mo. Date signed 7/27/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. Glen Campbell

Licensed Embalmer No. 2620

P. O. Address: Maryville 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.