

FILED SEP 1 1945

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Devine Bros. Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Days
 (Specify whether years, months or days) 20 Years

3. (a) PRINT FULL NAME WILLIAM F. LOWERY
 3. (b) If veteran, name war No
 3. (c) Social Security No. 500-14-2552

4. Sex Male ()
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lela Lowery
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased October 15th 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 28 27 hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business Western Milk & Powder Company

MOTHER FATHER

12. Name Edward Lowery

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lela Lowery

(b) Address 1617 Wabash Avenue

17. (a) Burial (b) Date thereof 8/14/1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd street

19. (a) 8-13-45 (b) Thereldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1617 Wabash Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
 year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 11, 1945 to August 12, 1945
 that I last saw him alive on aug 11/2
 and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis Duration 3 weeks

Due to Prostatic obstruction

Due to carcinoma of abdominal viscera

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 55 H

Of autopsy 1

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 2

23. Signature W. Devine (M. D. or other)

Address 918 Oak Date signed 8/13/45

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

MAR 13 1959

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 Walter H. Erwin

Licensed Embalmer No. 7352

P. O. Address Kansas City, 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.