

FILED DEC 12 1945

Registered District No. 1 Primary Registration District No. 3000 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Adair
Kirksville

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. C. O. S. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Yarrow
(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 Delbert Mae Lowe

3. (b) If veteran, name war None

3. (c) Social Security No. 492-28-1192

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1945 hour 9:00 minute P: M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Williams Eaker

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased: May (Month) 12 (Day) 1901 (Year)

21. I hereby certify that I attended the deceased from Nov. 12, 1945, to Nov. 25, 1945, that I last saw him alive on Nov. 25, 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death: Strenia

Due to Acute Glomerulo-nephritis
secondary to Chronic Glomerulo-nephritis

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

9. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: 120

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business Farming

12. Name F. J. Lowe

13. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lina Salisbury

15. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Lowe

(b) Address Yarrow, Missouri

17. (a) Burial (b) Date thereof 12/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Temple

18. (a) Signature of funeral director D. E. Kelly

(b) Address Kirksville, Mo

19. (a) 12-10-45 (b) Kate Lambert
(Date received 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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Delbert Mae Lowe (M. D. or other) SO.
Address Kirksville, Mo Date signed 12/9/45

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

201
12-45

1614

12-45-1812

12-11-1945

DEC 19 1945

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 *Dr. P. H. Kelly*

Licensed Embalmer No. *4181*

P. O. Address *Hastingsville 40*

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.