

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37337**

Registrar's No. **181**

Registration District No. **ED DEC 3 1945**

Primary Registration District No. **2022**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Hains Nursing Home**
(If not in hospital or institution, write street number or location) **4**
(d) Length of stay: In hospital or institution **6 weeks** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John A. Lowe
3. (b) If veteran name was **no** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **WIDOWER**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **25** years (Day) (Year)

7. Birth date of deceased **December 25 - 1869**
(Month) (Day) (Year)

8. AGE: Years **85** Months **2** Days **2** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **John Lowe**

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

14. Maiden name **Elizabeth Barker**

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

16. (a) Informant **Andy Heard**

(b) Address **Wardens Missouri**

17. (a) **Burial** (b) Date thereof **11-28-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Speed Cemetery**

18. (a) Signature of funeral director **E. A. Ruggert**

(b) Address **Brownsville MO**

19. (a) **Nov - 28-45** (b) **R. R. Roney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** 4.5
(c) City or town **Clinton** 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **27**
year **1945** hour **1** minute **0** M.

21. I hereby certify that I attended the deceased from **11-6** 1945 to **11-27** 1945
that I last saw him alive on **11-20** 1945
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis and Myocardial degeneration** Duration
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**

Of autopsy

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) (e) Means of injury

23. Signature **Ed. P. Peeler** (a. b. or other)

Address **Clinton** Date signed **MO**

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

RECORDED

Record No. 7,

11-45-1183

12-6-45

Date Filed

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

Paul H. H. H.

Licensed Embalmer No.

2782

P. O. Address

Deepwater 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.