

FILED JAN 28 1946
Registration District No. 273

Primary Registration District No. 6000

Registrar's No.

1. PLACE OF DEATH:

(a) County RAHLS
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JASPER-TOWNSHIP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 73 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAHLS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 8 1/2 miles NORTH EAST of
(If rural, give location) VANDALIA
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE LOWE DOWELL

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHRIS L. DOWELL 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased NOVEMBER 9, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 9 hr. min.

9. Birthplace RAHLS COUNTY Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER
12. Name ZACK W. LOWE
13. Birthplace OHIO
(City, town, or county) (State or foreign country)
14. Maiden name CAROLINE WILSON
15. Birthplace IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. VEST WASSON
(b) Address VANDALIA, MO.

17. (a) BURIAL (b) Date thereof 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRICE CEMETARY

18. (a) Signature of funeral director [Signature]

(b) Address Vandalia Mo

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1945 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 14 1945 to Dec 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Flu

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

Major findings:
Of operations [Signature]
Of autopsy _____

Duration
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. N. Blaud (M. D. or other)
Address Vandalia Date signed 12/19/45

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

RECEIVED

District Health Officer No. 10

District File Number 1-46-145

Date Filed JAN 24 1946

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

Clyde C. Wilsey

Licensed Embalmer No. 3820

P. O. Address Terry

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.