

**FILED** MAR 19 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. **5006** Registrar's No. **83**

**1. PLACE OF DEATH:**  
 (a) County **Adair**  
 (b) City or town **Greentop**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**R. R. # 2 Greentop, Mo. 1**  
(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 **One month** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Adair** 1  
 (c) City or town **Greentop** 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **R. R. # 2** 0  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **William Irwin Lowry**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Anna Tipton** 6. (c) Age of husband or wife if alive **66** years  
 7. Birth date of deceased **Feb. 21 1877**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**69 0 14** hr. min.

**9. Birthplace** **Lucerne Missouri** 17  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer**

**11. Industry or business** **Farming**

**12. Name** **Alexander Hamilton Lowry**

**13. Birthplace** **Unknown Missouri** 0  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Mary Hickman**

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

**16. (a) Informant** **Mrs. William Lowry**

**(b) Address** **Greentop, Missouri**

**17. (a) Burial** (b) Date thereof **3/8/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Maple Hills Cmt.**

**18. (a) Signature of funeral director** **D. E. Riley**  
**(b) Address** **Kirksville, Mo.**

**19. (a) 3-16-46** (b) **Kate Lambert**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Mch.** day **5**  
 year **1946** hour **7:00** minute **As** M.  
**21. I hereby certify that I attended the deceased from** **March 4** d.  
**1946** to **March 5 1946**  
 that I last saw him alive on **March 4 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** 18 hrs.  
 Due to **Cardio-vascular-renal** Synd.

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**1312**

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?

While at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury **N**  
**23. Signature** **Howard E. Gress** (M. D. or other) **H. D.**  
**Kirksville, Mo.** Date signed **3-7-46**

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

7317

~~3-46-543~~  
3-46-543  
3-18-46

MAR 22 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 J. E. Riley  
Licensed Embalmer No. 4181  
P. O. Address Kestonville, 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.**