No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8433

Registration District No. 13 Primary Registration District No. 5057 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rural Kings Prairie Trsp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Almost Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural - Pioneer Township
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Louvisa L. Lowder
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Matt Lowder
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased September (Month) 17 (Day) 1853 (Year)

8. AGE: Years 92 Months 5 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housewife (Retired)
11. Industry or business None
MOTHER FATHER
12. Name Ruben R Haley
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Nellie Fare
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Mrs Chas H Jackson
(b) Address R 1 Monett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Clark-cem-Barry Co
18. (a) Signature of funeral director Callaway
(b) Address Monett Mo
19. (a) 3-1-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1946 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec 1 45, 19 to Feb 28, 19 46
that I last saw h. alive on Feb 27, 19 46
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis Chronic	?
Due to Hypertension	?
Due to	
Other conditions Fractured femur (Include pregnancy within 3 months of death)	3 months

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Frank Ferris M.D. (M. D. or other)
Address Monett Mo Date signed 3/1/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 346-237
Date Filed MAR 20 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 [signature]

Licensed Embalmer No. 3179

P. O. Address Mount 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.

No. 2B
—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8433

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: ..... (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Louvisa L. Lowder

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)

8. AGE: Years 92 Months 5 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 28 year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	
Due to Was not due to fracture	
X Due to Fractured Femur	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

186 A
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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) ~~Co~~

(b) Date of occurrence near Neutonia

(c) Where did injury occur? Farm home Newton (City or town) County (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature [signature] (M. D. or other) .....

Address ..... Date signed .....

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

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