

FILED JUN 3 1946
199

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH
 (a) County Jackson
 (b) City or town K.C.
 (If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution: 3625 Sappington Hosp #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 1/2 mo.
 In this community 17 years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town K.C.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3625 Sappington
 (Specify street, live location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Lowe
 3. (b) If veteran, name war no
 3. (c) Social Security No. 490-24-4432

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 - day 19
32 year 1946 hour 8 minute 55 P.M.

4. Sex M
 5. Color of race Col.
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 17, 1928
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death Internal Hemorrhage
Guns Shot Wound of Abdomen

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

Due to Hemorrhage of Lung
Shock (Surgical)
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace K.C. Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation School in Lincoln High

Due to _____
 Major findings: Same as above.
 Of operations _____
 Of autopsy No - Permit 184-8

MOTHER FATHER
 11. Industry or Business _____
 12. Name James Lowe
 13. Birthplace Sulphur Springs Texas
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Jones
 15. Birthplace Henry Co. Mo.
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 5-19-46 123
 (c) Where did injury occur? K.C. Jackson Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - 3625 Sappington Rd.

16. (a) Informant Emma Lowe, mother
 (b) Address 3625 Sappington
 17. (a) 5-22-46 (Burial, cremation, or removal)
 (b) Date thereof 5-24-46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Simplex

While at work? No (Specify type of place)
 (a) Means of injury Deputy
 23. Signature William Simpkins (M. D. or other) Gray
 Address 1636 - Brooklyn Date signed _____

18. (a) Signature of funeral director Adriano Bros.
 (b) Address 2000 E. 13th K.C. Mo.
 19. (a) 5-22-46 (Date received local registrar)
 (b) Alfred Holmes (Registrar's signature)

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

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..... *A. T. Moore*

Licensed Embalmer No. *948*

P. O. Address.....

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.