. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21080

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 188

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution:
Died in Route to Hospital. 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")

(d) Street No. 34th & GRAND 4
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES EUGENE LOWER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH (Month) 22 (Day) 1943 (Year)

8. AGE: Years 3 Months 2 Days 18 If less than one day hr. min.

9. Birthplace SEDALIA (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation YOUTH

11. Industry or business

FATHER
12. Name CHAS. EDGAR LOWER 0
13. Birthplace LONGWOOD (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name MARY KENDRICK
15. Birthplace GREEN RIDGE (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant MRS CHAS. E. LOWER
(b) Address 34th & GRAND - SEDALIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Ted Dillard
(b) Address Sedalia

19. (a) 6/10/46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

251

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month JUNE day 10
year 1946 hour 10:30 minute A. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner
6/10, 1946, 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 multiple Fractures of skull	
Due to being run over by a Truck	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

170 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 80

(b) Date of occurrence 6/10/46

(c) Where did injury occur? R.F.D. #1 Sedalia (City or town) Pettis (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home (Specify type of place)
While at work? play (e) Means of injury Truck 2

23. Signature Dr. H. L. Holden (M. D. or other) DC
Address 32-9 Sly Bldg. Sedalia Mo Date signed 6/10/46

(Licensed Embalmer's Statement on Reverse Side)

coron

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-19-46

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 [illegible]
Licensed Embalmer No. 3840
P. O. Address: Sedalia 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.