

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23697
3132

State File No.

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
In this community 9 MOS. 1 DAY (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES ALLEN LOWERY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MALE 2 5. Color or race NEGRO 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 OCTOBER 12, 1945
(Month) (Day) (Year)

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

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name AARON LOWERY

13. Birthplace MOUNDS ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name ELSIE STONE

15. Birthplace ROCK ISLAND ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant ELSIE LOWERY (MOTHER)

(b) Address 1400 E. 15th St.

17. (a) Burial (b) Date thereof July 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery, N.C. Mo.

18. (a) Signature of funeral director Fannie A. Meek
(b) Address 1708 E. 15th St. N.C. Mo.

19. (a) 7-18-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 E. 15th St. 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13,
year 1946 hour 12: minute 50 P. M.

21. I hereby certify that I attended the deceased from JULY
10, 1946, to JULY 13, 1946
that I last saw him alive on JULY 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CONGENITAL SYPHILIS
MALNUTRITION
INANITION

Due to _____
Due to _____

Other conditions 30F
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy SAME AS ABOVE

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 Lewis (M. D. or other) _____
Address GENERAL HOSPITAL NO. 2 Date signed 7/15/46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23697

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 Jammie L. Meek

Licensed Embalmer No. 3819

P. O. Address Kansas City, 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.