

**FILED** 0037 1946

Primary Registration District No. **142-9-6149**

Registrar's No. **17**

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

**1. PLACE OF DEATH:**

(a) County **Stoddard**

(b) City or town **Puxico 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 **8 months**  
(Specify whether years, months or days)

In this community **8 months**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Jerry Eugene Lowery**

3. (b) If veteran, name war: \_\_\_\_\_

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

4. Sex **Male** 5. Color or race **White** 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 **January 6 1936**  
(Month) (Day) (Year)

8. AGE: Years **8** Months **8** Days **20**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Stoddard County, Missouri**  
(City, town, or county) (State or foreign country)  
**Child**

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name **Bacil Herman Lowery**

13. Birthplace **Stoddard County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Louise Sibert**

15. Birthplace **Lawrenceville, Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bacil Herman Lowery**

(b) Address **Puxico, Missouri**

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

(c) Place: burial or cremation **Dexter Cemetery**

18. (c) Signature of funeral director **Watkins Funeral Home**

(b) Address **Dexter, Mo.**

19. (a) **9-20-46** (b) **Alfred Morgan**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Stoddard** **103**

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

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

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **September** day **16**  
year **1946** hour **8:10 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **June 23, 1946**  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h **im** alive on \_\_\_\_\_, 19**46**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertrophic Biliary Cirrhosis and toxemia** **15 mo.**  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_ **124B**

Of autopsy \_\_\_\_\_

**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)

(e) Means of injury \_\_\_\_\_

23. Signature **J. Schimmer** (M. D. or other) **9/16/46**

Address **Corning, Ark.** Date signed \_\_\_\_\_

RECEIVED

District Health Office No. 2,  
District File Number 1046-1193  
Date Filed 10-4-46

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**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 Raymond Steele  
Licensed Embalmer No. 2476  
P. O. Address Alexander, 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.**