

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED NOV 26 1946

Registration District No. 200

Primary Registration District No. 5724

1. PLACE OF DEATH:

(a) County Macon
(b) City or town rural Eagle
(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 years, months or days)

3. (a) PRINT FULL NAME Frank Lowery
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Lowery
6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Feb. 15 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Macon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name John Lowery
13. Birthplace Germany
14. Maiden name Sophia Meyers
15. Birthplace Switzerland

16. (a) Informant George Lowery

(b) Address Macon, Mo

17. (a) Burial (b) Date thereof 10-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Camp

18. (a) Signature of funeral director Stephen J. Gooding
(b) Address Macon, Mo

19. (a) Nov 18-46 (b) Paul McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Macon R. 7. 10.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1946 hour 3 minute 55
21. I hereby certify that I attended the deceased from Oct 9 1946
to Oct 12 1946
that I last saw him alive on Oct 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration about 1 yr

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations H/B
Of autopsy

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

22. If death was due to external cause, 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 John Lowery (M. D. or other)
Address Macon Mo Date signed 11/7/46

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

36511

RECEIVED
District Health Officer No. 10
District File Number 12-46-2122
Date Filed NOV 25 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.....

Licensed Embalmer No. 3057

P. O. Address: Macon, 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.