

S. No. 2
DM-2437
v. 5-17-39
35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16175**

FILED APR 27 1947

Registration District No. **888**

Primary Registration District No. **45-12**

Registrar's No. **22**

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

1. PLACE OF DEATH:
 (a) County Sullivan
 (b) City or town Newtown
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(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)
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County 1056
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Francis S. Lowry
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 23
 year 1947, hour 1 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Mar 5
 1947 to Mar 23 1947
 that I last saw him alive on Mar 23 1947
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frances E. 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Sept 20 1868
(Month) (Day) (Year)

Immediate cause of death
Cardiac failure
 Due to Chronic myocarditis
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations 93D
 Of autopsy _____

8. AGE: Years 78 Months 6 Days 2 If less than one day _____ hr. _____ min.
 9. Birthplace Putnam Co (City, town, or county) (State or foreign country) 0
 10. Usual occupation Farmer

MOTHER FATHER {
 11. Industry or business _____
 12. Name A. H. Lowry
 13. Birthplace Putnam Co (City, town, or county) (State or foreign country) 0
 14. Maiden name Anna Helms
 15. Birthplace Sullivan (City, town, or county) (State or foreign country) 9
 16. (a) Informant O. E. Conley
 (b) Address Newtown, Tenn
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Catholic Church
 18. (a) Signature of funeral director W. L. D. ...
 (b) Address Newtown, Tenn
 19. (a) April 7 (b) Brite Caldwell
(Date received local registrar) (Registrar's signature)

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 2
 23. Signature G. A. Dale (M. D. or other) D.O.
 Address Newtown, Tenn Date signed 3/25/47

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RECEIVED
District Health Officer No. 10
District File No. A-47-677-
Date Filed APR 15 1947

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.....
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.