

No. 2
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5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21054
State File No. _____
Registrar's No. 2678

Registration District No. 179 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution RESEARCH HOSPITAL
(d) Length of stay: In hospital or institution 4 days
In this community 4 days

3. (a) PRINT FULL NAME MR MARSHALL ALLEN LOWMAN
3. (b) If veteran, name war NONE
3. (c) Social Security No. unknown

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Merle Lowman
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased June 2 1911

8. AGE: Years 36 Months 0 Days 19

9. Birthplace Clay County Missouri

10. Usual occupation Installation Foreman

11. Industry or business Home Furnace Co

12. Name Ephraim Lowman
13. Birthplace Clay County Missouri
14. Maiden name Louise Scott
15. Birthplace Clay County Missouri

16. (a) Informant Mrs Merle Lowman
(b) Address North Kansas City, Mo RFD 4

17. (a) Burial (b) Date thereof June 23, 1947
(c) Place: burial or cremation Smithville, Missouri

18. (a) Signature of funeral director McComas Funeral Home
(b) Address Smithville, Missouri

19. (a) 6-21-47 (b) I Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Rural Gallatin Township
(d) Street No. 7 miles north of North Kan. City
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21 year 1947 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 18, 1947 to June 21, 1947 that I last saw him alive on June 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis
Due to Miliary Tuberculosis 46 wks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 720
Of autopsy 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of Physician J. C. Clayton (M. D. or other) M.D.
Address 934 Argyle Bldg Date signed 6-21-47

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

MOTHER FATHER

DEC 29 1945
FEB 5 1948

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 *****

Donald W. Hanks

Registered Apprentice No. 425

working under my personal supervision.

Signed

Dwight Boggs
Licensed Embalmer No. 3940

P. O. Address Smithville, Missouri

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.