

FILED AUG 29 1947  
Registration District No. **136**

Primary Registration District No. **2001**

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **720 Kentucky /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Joplin** **3**  
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **720 Kentucky** **0**  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME **Ernest Noel Lowe**

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 **divorced**

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive .....

7. Birth date of deceased **August 13 1877**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>11</b>	<b>24</b>	.....hr. ....min

9. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business .....

MOTHER FATHER

12. Name **unknown**

13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Army discharge**

(b) Address .....

17. (a) **burial** (b) Date there **Aug 8-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Thornhill-Dillon Mort**  
**Joplin, Missouri.**

(b) Address .....

19. (a) **8-8-47** (b) **Calores Lampkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **7<sup>th</sup>** year **1947** hour **2** minute **✓** M.

21. I hereby certify that I attended the deceased from **Aug 7<sup>th</sup>** to **Aug 7<sup>th</sup>** 19..... that I last saw him alive on **Aug 7<sup>th</sup>** 19..... and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Coronary Occlusion**

Due to **Grand Peste about 1 hour after death**

Other conditions (include pregnancy within 3 months of death) .....

Major findings: **94A**  
Of operations **Coronary Intact**

Of autopsy .....

PHYSICIAN Underline the cause of 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? (Specify type of place) While at work? (e) Means of injury **1**

23. Signature **N.W. Berfelt** (or other) **8-8-47**  
Address **8-8-47** Date

47-8-697

SEP 8 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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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.