S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28676

Registration District No. 292. Primary Registration District No. 6000 Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

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

(c) Name of hospital or institution: 12 MILES NORTH VANDALIA MO (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 87 YRS 1 MO 4 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS 87

(c) City or town RURAL SASPER TWSP (If outside city or town limits, write "RURAL")

(d) Street No. 12 MILES NORTH VANDALIA (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JENNIE ROSA LOWE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

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

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

7. Birth date of deceased JULY - 31 - 1860 (Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace PIKE COUNTY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name ELIAS DOWELL
13. Birthplace PIKE COUNTY MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name TILDA LITER
15. Birthplace PIKE COUNTY MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant OTIS LOWE

(b) Address VANDALIA MISSOURI

17. (a) ~~ADIEL~~ BURIAL (Burial, cremation, or removal) (b) Date thereof 9-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation ADIEL CEMETARY RALLS CO

18. (a) Signature of funeral director Glen E Smith

(b) Address Vandalia, Mo.

19. (a) Sept 6 1947 (Date received local registrar) (b) Clyde C. Wilkey (Registrar's signature)

M. F.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4 year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 2, 1946 to September 4, 1947; that I last saw her alive on May 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardial Renal disease

Due to arterial sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1319

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 ()

23. Signature [illegible] (M. D. or other)

Address Vandalia, Mo. Date signed 9/6/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-42-1224
Date Filed SEP 11 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed [redacted] by Ernest U. Wilson, Registered Apprentice No. 490, working under my personal supervision.

Signed James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.