

No. 2
-12-45
-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3807

State File No. _____
Registrar's No. 3

FILED FEB 3 1948
Registration District No. 375

Primary Registration District No. 6288

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Grove Spring (UNION)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Her Home in Grove Spring
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 84 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114
(c) City or town Grove Spring 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1948 hour _____ minute 9:40 P.M.
21. I hereby certify that I attended the deceased from JAN 1 1948 to JAN 1 1948
that I last saw her alive on JAN 1 1948 and that death occurred on the JAN 1 1948 date and hour stated above.

Immediate cause of death _____ Duration _____
Lobar Pneumonia
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings of operations _____
Of autopsy _____ 106
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Honor Helena Lowry
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 1 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Wright County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Lowry 7
13. Birthplace unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name unknown 7
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilma Duncan
(b) Address Mangum, Mo

17. (a) burial (b) Date thereof 1-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaddy Cemetery

18. (a) Signature of funeral director Helen E. Holden
(b) Address Hartville, Mo.

19. (a) Jan. 24, 1948 (b) B. Garner
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature _____ (M. D. or other) 9
Address _____ Date signed _____

RECEIVED

District

Officer No. 6,

District

148-144

Date Filed

JAN 30 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gene E. Haldren*

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, 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.