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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1948

Registration District No. 449

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19566

Registrar's No. 2423

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/27/'48-6/6/'48 (Specify whether
In this community About 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2319 Woodland 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vance Lowry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

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

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

7. Birth date of deceased November (Month) 18 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	6	18	hr. min.

9. Birthplace Emporia (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Musician

11. Industry or business

MOTHER FATHER

12. Name Lincoln Lowry

13. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

14. Maiden name Eliza Leslie

15. Birthplace Fort Scott (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant Mrs. Nellie Collier
(b) Address 2319 Woodland

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/9/'48 (Month) (Day) (Year)
(c) Place: burial or cremation Emporia, Kansas

18. (a) Signature of funeral director E. Sterling Gilla
(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 6-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1948 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19 ; that I last saw it alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture & Subdural Hemorrhage

Due to Traumatic Rupture of Bladder, Fractured Thyroper Hemum

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1958

Of autopsy Same as above

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) We Not Know
(b) Date of occurrence 6-6-48
(c) Where did injury occur? K.C. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? K.C. General Hospital #2 (Specify type of place)
(e) While at work? (f) Means of injury Skull Fracture

23. Signature J. Hurellings (M. D. or other) M.C.
Address 2636 - Brooklyn Date signed 6-6-48

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, 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.