

No. 2
1/47
17-39

National Office of Vital Statistics

FILED SEP 27 1948

Registration District No. 1948

Primary Registration District No. 3018

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Dent

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

(c) Name of hospital or institution: Hart Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Lakesprings, Missouri
(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 _____

3. (a) PRINT FULL NAME Raymond Gage Lowe

3. (b) If veteran, name war _____

3. (c) Social Security No. 364-03-0715

4. Sex M 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 27 1896
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 17
If less than one day _____ br. _____ min.

9. Birthplace Petersburg Mich
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Adding Machine Mfg

12. Name Josiah

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

14. Maiden name Dora E. Gage

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

16. (a) Informant Mary Lowe

(b) Address Lakesprings, Missouri

17. (a) Burial (b) Date thereof 9/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem.

18. (a) Signature of funeral director Carl K. Spence

(b) Address Salem, Missouri

19. (a) Sept 16/48 (b) M.M. Hart M.D.
(Date received local registrar) (Physician's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1948 hour 7:55 minute A. M.

21. I hereby certify that I attended the deceased from March 27, 1948, to Sept 14, 1948, that I last saw him alive on Sept 14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Amyloidosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Duodenal ulcer

Major findings: Of operations _____

Of autopsies 117B

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)

23. Signature M.M. Hart M.D. (e) Means of injury 0

Address Salem mo Date signed 9/16/48

Duration 7

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED 9-21-48
District Health Officer No. 5,
District File Number 948607
Date Filed 9-22-48

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 Tom W. McDonald
Licensed Embalmer No. 3806
P. O. Address Salem, 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.