S. No. 2
M—1/47
. 5-17-39

64
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4

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 22 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30394

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 291

**1. PLACE OF DEATH:**

(a) County: Marion

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

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

(d) Length of stay: In hospital or institution 5/5/47 (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Ralls 87

(c) City or town: New London (If outside city or town limits, write "RURAL") 0

(d) Street No.: R R # 2 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Margaret Emily Eales 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: Henry Jackson Lowe

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

7. Birth date of deceased: June 15, 1856 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 92 | 2 | 23 | hr. min. |

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

10. Usual occupation: Housewife

11. Industry or business: XX

FATHER
12. Name: Ben Eales
13. Birthplace: Louisville Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Elizabeth Parker
15. Birthplace: Maryland (City, town, or county) (State or foreign country)

16. (a) Informant: J. J. Lowe

(b) Address: Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mount Olivet

18. (a) Signature of funeral director: W. Crawford Smith

(b) Address: 902 Broadway Hannibal Mo

19. (a) 9-9-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 1/80

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 8 year 1948 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from Sept 8, 1948, to Sept 8, 1948 that I last saw her alive on Sept 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Senility

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: no

Duration

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 0

23. Signature: A. B. Blue (M. D. or other)

Address: Hannibal Mo Date signed 9/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0

## 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 John S. Ward

Licensed Embalmer No. 4549 4540

P. O. Address Hannibal Missouri

**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.**