No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39215

State File No.

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 51

14
10

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 114
(a) State Missouri (b) County Wright
(c) City or town Mountain Grove
(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 Jennie R. Lower
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clarence Russell Lower
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 18 (Day) 1863 (Year)

8. AGE: Years 85 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Hartford (City, town, or county) New York (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name T. Raceco
13. Birthplace France (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bushee
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Miss Effie M. Lower
(b) Address Mtn Grove, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest
18. (a) Signature of funeral director Grable-Windle
(b) Address Mtn Grove, Missouri
19. (a) 11-19-48 (Date received local registrar) (b) A. C. Ames (Registrar's signature) 348

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day Wednesday 17
year 1948 hour 6:00 minute 55 PM.

21. I hereby certify that I attended the deceased from Nov. 1, 1948, to Nov. 17, 1948, that I last saw her alive on Nov. 16, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2

23. Signature Geo O Hickey (M. D. or other) D.O.
Address Mtn Grove Mo. Date signed 11.19.48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1248-1334
Date Filed 12-6-48

JUL 13 1949

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Mtn Grove, 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.