S. No. 300
M—10-47
rv. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 3 1949

Registration District No. ____

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39408

Primary Registration District No. 1000

Registrar's No. 1401

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1430 N. 15th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1430 N. 15th Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Octavia Lowe

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased February (Month) 18, (Day) 1866 (Year)

8. AGE: Years 82 Months 10 Days 7 If less than one day ____ hr. ____ min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name William Geordan Reynolds
13. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)

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

16. (a) Informant Miss. Myrtle Morris
(b) Address 1430 N. 15th St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Peter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 12-30-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1948 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from 12/25/48, 19__, to 12/25/48, 19__; that I last saw her alive on 12/25/48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart — Duration

Due to Age (88)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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) no
(b) Date of occurrence —
(c) Where did injury occur? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury

23. Signature J. J. Stamey (M. D. ~~or other~~)
Address 2624 St. Joseph Date signed 12/26/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Albert P. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.