

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12537  
Registrar's No. 1523

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY Jackson <i>U X</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City <i>(1)</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City <i>3</i>	
c. LENGTH OF STAY (in this place) 34 YRS		d. STREET ADDRESS (If rural, give location) 813 E. 31 Terr. <i>5</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) S.	c. (Last) Lowman	4. DATE OF DEATH (Month) (Day) (Year) 4 3 1949
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5. SEX male <i>1</i>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married <i>1</i>	8. DATE OF BIRTH 12-17-77	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dep. Collector	10b. KIND OF BUSINESS OR INDUSTRY Jackson Co.	11. BIRTHPLACE (State or foreign country) Smithville, Missouri <i>1</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Lowman	13b. MOTHER'S MAIDEN NAME Georgia A. Silvertooth	14. NAME OF HUSBAND OR WIFE Emma Lowman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Lowman, 813 E. 31st Terr., KC, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral hydrothorax and hydroperitoneum	DUE TO (b) Lymph sarcoma generalized <i>(m.m.o.)</i>		
ANTECEDENT CAUSES	DUE TO (c)		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>200h</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 2, 1949, to April 3, 1949; that I last saw the deceased alive on April 3, 1949, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title)	23b. ADDRESS Med. Dir. Gen'l Hosp.	23c. DATE SIGNED 4-4-49
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 4-6-49	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows' Cemetery	24d. LOCATION (City, town, or county) (State) Smithville, Missouri
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DATE REC'D BY LOCAL REG. 4-5-49	REGISTRAR'S SIGNATURE <i>Sheldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar, Kansas City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Mr. Budge*

**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.....

Student Embalmer No. ....

working under my personal supervision.

Signed *Glen E. Heck*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4063*

P. O. Address *K. E. 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.