

FILED JUN 1 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 1 1940

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21462

State File No. ....

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 105

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town Deepwater, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HENRY  
(c) City or town Deepwater  
(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 0

3. (a) PRINT FULL NAME Edward J Lown

3. (b) If veteran, name war no 3. (c) Social Security No. 180

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased not 16 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 17 hr. min.

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Josathan Lown

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

14. Maiden name UNKNOWN

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

16. (a) Informant Bessie Mae Lown

(b) Address Deepwater Mo.

17. (a) Burial (b) Date thereof May 31 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater cemetery

18. (a) Signature of funeral director Tom Hunt

(b) Address Deepwater Mo.

19. (a) May 30 1943 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature) S.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28  
year 1943 hour 12 minute 50 AM.

21. I hereby certify that I attended the deceased from Unknown 1940 to May 28 1943  
that I last saw him alive on May 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Senility  
Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury 2

23. Signature D.C. Townsend 170 (or other) 170

Address Deepwater Mo. Date signed 5-29-43

Duration

Years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

OCT 6 1962

21

RECEIVED

District Health Officer No. 71

District File Number 5-43-554

Date Filed 6-14-63

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 Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.