

No. 2  
-2.43  
17-39  
X35897

**FILED FEB 7 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. 5512

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Near Uruch mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at Home / Honeycreek  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Near Uruch mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Honeycreek Trp  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OTHO WARREN LOWMAN

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife P.H.S. BELOWMAN 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased NOVEMBER 15 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Farming

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

12. Name Leroy B. Lowman

13. Birthplace Not known Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Davis

(b) Address 3626 Central N.S. mo

17. (a) Russial (b) Date thereof 1 4-46  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial Norris Cemetery

18. (a) Signature of funeral director W.S. Brown

(b) Address Uruch mo

19. (a) 1-25-44 (b) R.D. Kennedy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 nd  
year 1946 hour 9 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Jan 2  
1946, to Jan 2 1946;  
that I last saw him alive on Jan 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Medical Insufficiency

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

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

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

Major findings: Of operations AK  
Of autopsy no

Duration \_\_\_\_\_  
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) \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature J.W. Faldre... (M. D. or other) \_\_\_\_\_  
Address Uruch mo Date signed 1-25-46

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

762

RECEIVED

L. ... Officer No. 7,

... 1346-35...

Date Filed ... 2-6-46..

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**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 R. R. Kenney.....

Licensed Embalmer No. 3099.....

P. O. Address Clinton ms.....

**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.**