

L No. 2
4-13-40
5-17-39

SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28038

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 942

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

157

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: STATE HOSPITAL No. 2nd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo, 26 days
(Specify whether In this community 3 mo, 26 days years, months or days)

3. (a) PRINT FULL NAME Clarence H. Lowrey

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Catherine E. (Miller)

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

7. Birth date of deceased: 14 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William C. Lowrey

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

14. Maiden name Sophronia Howe

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

16. (a) Informant Records State Hoop # 2

(b) Address St. Joseph, Mo.

17. (a) Pattonsburg (b) Date thereof Aug 29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattonsburg Mo.

18. (a) Signature of funeral director Ed. H. ...

(b) Address Pattonsburg Mo.

19. (a) 8/26/40 (b) Ed. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Pattonsburg
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 30, 1940, to August 26, 1940, that I last saw him alive on August 25, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative Intestinal Obstruction
Carcinoma of Sigmoid Colon

Due to Colon

Due to 46

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations Colectomy revealed Carcinoma Sigmoid Colon

Of autopsy NO autopsy

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? 85

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A.P. Johnson (M. D. or other) M.D.

Address State Hoop # 2 Date signed 8-26-40

STATEMENT BY LICENSED EMBALMER

Will be Embalmed

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..... *Les L. Gromer*

Licensed Embalmer No. *3082*

P. O. Address *Pattonburg 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.