

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 12 1943
Registration District No. 253

Primary Registration District No. 5655

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 202 (Specify whether years, months or days)
In this community 202 years, months or days

3. (a) PRINT FULL NAME

Wilson Lowrey

3. (b) If veteran, name war no

3. (c) Social Security

No. 479-16-0842

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Louisa Lowrey

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years Months Days If less than one day

25 2 15 hr. min.

9. Birthplace

Marshfield Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farm laborer

11. Industry or business

12. Name

John Lowrey

13. Birthplace

Attonsburg Mo
(City, town, or county) (State or foreign country)

14. Maiden name

Era Pleasant

15. Birthplace

Marshfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant

Emmanuel Record Clerk

(b) Address

Mo State San Mt Vernon

17. (a) buried

(b) Date thereof 10-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation

Marshfield

18. (a) Signature of funeral director

Charles A. Brasher

(b) Address

Marshfield Mo

19. (a) 10/21/43

(b) Academy Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Marshfield
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1943 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from March
30 1943 to Oct 18 1943
that I last saw alive on Oct 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary tuberculosis 13 yr
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) (c) Means of injury

23. Signature Charles A. Brasher (M. D. or other)
Address Mt. Vernon, Mo Date signed 10-18-43

RECEIVED

District Health Officer No. 6,

District File Number 1143-1199

Date Filed NOV-3-1943

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.....

Licensed Embalmer No. 3312

P. O. Address Marshall, 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.