

STANDARD CERTIFICATE OF DEATH
 FEDERAL SECURITY AGENCY
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS

State File No. **3613**

Registrar's No. **241E**

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (c) Location Pioneer's Home
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 6 yrs. 5 mos.; In Community 6 yrs. 5 mos.; In Arizona 43 years
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott
 (If outside city limits also write RURAL)

(d) Street No. Arizona Pioneers Home; (e) Citizen of foreign country (Yes or No) No
 If Yes, which country _____

3. (a) FULL NAME Henry C. Lowdermilk (b) If veteran name war none (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed Unknown
 divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 19 1858
 (Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 11 If less than one day
 hrs. _____ min. _____

9. Birthplace Randolph Co. N. C.
 (City, town or county) (State or Country)

10. Usual Occupation Post Master

11. Industry or Business Retired

Father { 12. Name Alfred Lowdermilk

13. Birthplace Randolph Co. N. C.
 (City, town or county) (State or Country)

Mother { 14. Maiden Name Sarah Vuncanon

15. Birthplace Randolph Co. N. C.
 (City, town or county) (State or Country)

16. (a) Informant's own signature Pioneer Home Records
 (b) Address Prescott, Ariz.

17. (a) Burial, Cremation or Removal Removal & Cremation

(b) Place Phoenix, Ariz. (c) Date July 1, 1948

18. (a) Embalmer's Signature C. E. Hunter

(b) Funeral Director C. E. Hunter

(c) Address Hunter Mortuary, Prescott, Ariz.

19. (a) July 1, 1948
 (Date received Local Registrar)

(b) [Signature]
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 30, 1948;
 TIME (Hour and minute) 5:00 AM M.

21. I hereby certify that I attended the deceased from 1947 to 30 June 48, 1948
 that I last saw him alive on 33 June, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION

2 wks

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] M. D.
 Address Prescott, Ariz. Date signed 6-30-48