

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

5798  
 Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City, Mo. (d) Street No. St Joseph Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Downs 520  
 (a) Residence, No. 622 Hardesty St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or 8 min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20-38 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1938, to 2/21, 1938  
 I last saw him alive on 2/21, 1938 Death is said to have occurred on the date stated above, at 6 AM m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

*respiratory system collapse due to prematurity*  
 15 M  
 Date of onset 2/20/38  
 Other contributory causes of importance prematurity

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

Name of operation none Date of none  
 What test confirmed diagnosis? none Was there an autopsy? yes

FATHER  
 13. NAME Glenn L. Downs,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 1938  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

MOTHER  
 15. MAIDEN NAME Hazel Pauline Sloan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Manner of injury  
 Nature of injury

17. INFORMANT Glenn L. Downs,  
 (ADDRESS) 622 Hardesty, K.C. Mo.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.  
 (Signed) Joseph J. Hamilton M. D.  
 (Address) 107 Bryant Alley

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Floral Hills DATE Feb. 22-38

19. FUNERAL DIRECTOR C.H. Blackman & Son, Inc.  
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 2/22/38 M. D. Crowe  
 Local Registrar.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

6:30 tonight.

Dr. Hugh Hamilton,  
3500 Gladstone,

Ch 2444

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**