

REC'D APR 23 1938

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

9939  
Do not use this space.

1. PLACE OF DEATH *Jackson 2*  
(a) County *Jackson* Registration District No. \_\_\_\_\_  
(b) Township *Jaco* Primary Registration District No. \_\_\_\_\_  
(c) City *Jackson City* (d) Street No. *3017 E 70<sup>th</sup> St* Registered No. *1404*  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 *Clark Downing* 55<sup>3</sup>  
(a) Residence, No. *3017 E 70<sup>th</sup>* 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

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 23-1869*  
7. AGE YEAR *68* MONTHS *7* DAYS *7* If LESS than 1 day: \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Bookplayer*  
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 \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leavenworth Kansas*  
13. NAME *Bolar Downing*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*  
15. MAIDEN NAME *Maryellen Byrne*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*  
17. INFORMANT (ADDRESS) *Wm Jennie Downing 3017 E 70<sup>th</sup> St*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Empire* DATE *4/2/38*  
19. FUNERAL DIRECTOR (ADDRESS) *J. O. Smith 3256 Broadway*  
20. FILED *April 1 1938 M. M. Brooks* Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 30 1938*  
22. I HEREBY CERTIFY, That I attended deceased from *Nov 11 1937* to *Jan 18 1938*  
I last saw him alive on *Jan 18 1938* Death is said to have occurred on the date stated above, at *8:30 PM*  
The principal cause of death and related causes of importance were as follows:  
*Coronary Artery Occlusion (Thrombosis)*  
Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
*Hypertension Coronary Sclerosis*  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *EKG* Was there an autopsy? *no*  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_  
(Signed) *George C. Lee*, M. D.  
(Address) *130 Professional Bldg Kansas City, Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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.

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**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.)**