NOV 14 1939

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

35103
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON 1 Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 4078
(c) City KANSAS CITY (d) Street No. 2746 HOLMES 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 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS ELLEN GEORGIA SMITHSON DOWNS
(a) Residence, No. 2746 HOLMES St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF HARRY S. DOWNS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-16-1872
7. AGE: YEARS 67 MONTHS 6 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) HOLDEN MISSOURI 0

FATHER
13. NAME H. D. SMITHSON 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WINCHESTER KENTUCKY 9

MOTHER
15. MAIDEN NAME KATE UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MR. MACY M. DOWNS 2746 HOLMES STREET
18. BURIAL, CREMATION, OR REMOVAL PLACE UNION DATE OCTOBER 25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD.
20. FILED 10/24 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-23 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Oct 22, 1939. I last saw h. 8 PM alive on Oct 22, 1939. Death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poison due to carcinoma generalized. Primary possibly in cervix	48

Other contributory causes of importance: arteriosclerosis, hypertension, carcinoma of breast and uterus.

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray 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? .....
If so, specify .....
(Signed) Dr. F. G. De Meffy M. D.
(Address) 2748 Charlotte St. City

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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1-5, 7-8

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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, above space should be left blank.