

STANDARD CERTIFICATE OF DEATH

State File No. 42252
4661

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

JAN 13 1940

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3527 Jefferson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 60 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Theresa Eva Downing 55

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Marr.

6. (b) Name of husband or wife Mr. Volney A. Downing 6. (c) Age of husband or wife If alive 58 years

7. Birth date of deceased March 27, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 12 hr. min.

9. Birthplace Fulton County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____ 4

MOTHER FATHER { 12. Name William W. Shryock

13. Birthplace Fulton County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Slack

15. Birthplace Lanchestershire England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary Margaret Downing

(b) Address 3527 Jefferson

17. (a) Cremation (b) Date thereof Dec. 9, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomers Son's

18. (a) Signature of funeral director D. W. Newcomers same

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec. 8, 1939 (b) m. m. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3527 Jefferson Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1939 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from one week
only, 1939, to Dec 8, 1939;
that I last saw her alive on Sept, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Tuberculous Lung - 3 yrs

Due to wasting of strength + debility

Due to 23

Other conditions unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? 1 (Specify type of place) (e) Means of injury _____

23. Signature M. M. Lane (M. D. or other) _____

Address 3509 Jefferson Date signed 12-8-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

NOV 4 1948

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 J. 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.