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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6924

Registration District No. 407 Primary Registration District No. 4241 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 206 E Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(If outside city or town limits, write "RURAL")
(d) Street No. 206 East Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Judith Ann Downs
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 26 1940 (Month) (Day) (Year)
8. AGE: Years — Months — Days — If less than one day 5 hr. min.
9. Birthplace Carterville Mo (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business Infant
MOTHER FATHER
12. Name Harold Downs
13. Birthplace Jasper Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Olive Damron
15. Birthplace Unknown Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harold Downs
(b) Address Carterville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem
18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City Mo 3601
19. (a) Feb. 28-40 (Date received local registrar) (b) J. W. Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1940 hour 8:45 minute a M.
21. I hereby certify that I attended the deceased from Feb 26, 1940, to Feb 26, 1940; that I last saw her alive on Feb 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Atelectasis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 C. L. Gorson (M. D. or other)
Address Webb City Mo Date signed 2/28/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 340-659
Date Filed MAR 6 1940

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 C. W. Hedge, Registered Apprentice No. ..... working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Wilb. Ortg. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.