

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.

Registration District No. 477 Primary Registration District No. 4286 Registrar's No. 12

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

3. (a) PRINT FULL NAME Clara Ethel Downs 520
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William Downs 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 17, 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>24</u>	<u>hr. England</u>

9. Birthplace Manningham, Bradford, Yorkshire
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 MOTHER FATHER {
 12. Name John S. Wilkinson
 13. Birthplace Yorkshire, England 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann Bentley
 15. Birthplace Yorkshire, England 4
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Downs
 (b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Mar. 13, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Grove, Canton

18. (a) Signature of funeral director Earl H. Buckley
 (b) Address Canton, Mo. 430

19. (a) Mar. 13-40 (b) H. W. Harris M.D.
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
 year 1940 hour 12:45 PM minute _____ M.
 21. I hereby certify that I attended the deceased from Mid Summer
1938, to Mar 11, 1940;
 that I last saw her alive on Mar 11, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal
Disease Duration 2 yrs

Due to _____
 Due to 131

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations None
 Of autopsy None
 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? Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Harold K. Pullimer (M. D. or other) _____
 Address Canton Mo Date signed 3/12/40

JUN 29 1942

RECEIVED

District Health Officer No. 10

District File Number 4-40-791

Date Filed APR 9 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl A. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.