S. No. 2
-11-10-39
5-17-39
PI X21492

8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1940

18661

State File No. 4

Registration District No. 400 Primary Registration District No. 56532 Registrar's No. 106

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hospital (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 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (If outside city or town limits, write "RURAL")

(d) Street No. 1432 East 17th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Jesse W. Downs SR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy M. Downs

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July (Month) 26 (Day) 1873 (Year)

8. AGE: Years 66 Months 9 Days 27 If less than one day hr. ✓ min.

9. Birthplace Birmingham (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER

12. Name James S. Downs

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER

14. Maiden name Adaline Cowan

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

16. (a) Informant Mrs. Lucy M. Downs

(b) Address 1432 East 17th

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 5/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 5/24/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1940 hour 8 minute A M.

21. I hereby certify that I attended the deceased from 5-23-40, 19..., to 5-23-, 1940, that I last saw him alive on 5-23-, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Nephrosis	3 Mo.
Due to Chronic Glomerulonephritis	3 yrs
Other conditions (Include pregnancy within 3 months of death) Hemorrhage of bowel	5 days

Major findings: Of operations None

Of autopsy As above

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 Frank C. Drehanne (M. D. or other)

Address Jackson County Hosp. Date signed 5-25-40

Little Blue, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd C. Carson, Registered Apprentice No. 237 working under my personal supervision.

Signed Frank W. Rick

Licensed Embalmer No. 2467

P. O. Address Independence, 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.