DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22408

Registration District No. 024 JUL 17

Primary Registration District No. 4375

Registrar's No. 16

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Hopkins (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: In this community: 56Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway

(c) City or town: Hopkins (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.? years.

3. (a) PRINT FULL NAME: Louisa Alice Dowing 520

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: James Riley Downing

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

7. Birth date of deceased: Feb (Month) 22 (Day) 1861 (Year)

8. AGE: Years 79 Months 4 Days 1 If less than one day hr. min.

9. Birthplace: Taylor County (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: 9

FATHER
12. Name: George Vardaman
13. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Nancy Morris
15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Harry Chambers

(b) Address: Hopkins Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 25.40 (Month) (Day) (Year)

(c) Place: burial or cremation: Hopkins Cemetery

18. (a) Signature of funeral director: John W. Price.

(b) Address: Maryville Mo. 55

19. (a) 6/24/40 (Date received local registrar) (b) O.H. Sayler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day June year 1940 hour 7 minute 30p M.

21. I hereby certify that I attended the deceased from 5/1, 1940 to 6/23, 1940 that I last saw h. alive on 6/20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Senility — Duration: unknown

Due to: 162

Due to:

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

Major findings: Of operations:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: C W King (M. D. or other) M.D.

Address: Hopkins Date signed 6/24/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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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RECEIVED
District Health Officer No. 11,
District File Number 740- 1222
Date Filed JUL 15 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 John W. Price,
Licensed Embalmer No. 3229.
P. O. Address Maryville 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.