

Registration District No. **338**

Primary Registration District No. **5474**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Harrison  
 (b) City or town Gilman City, Mo. Rural  
 (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 2  
 In this community 40 years  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Harrison  
 (c) City or town Gilman City, Mo. Rural  
 (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 CHARLES WALTER DOWNEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced <u>married</u>
6. (b) Name of husband or wife <u>Myrtle Downey</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>Jan 16 1875</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Norris, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name William Downey  
 13. Birthplace State of Indiana  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ann Potts  
 15. Birthplace State of Indiana  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Myrtle Downey

(b) Address Gilman City, Mo. Rural

17. (a) Rural (b) Date thereof July 30 - 1930  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilman, Mo. 29th Cont

18. (a) Signature of funeral director W. D. Holmes

(b) Address Gilman City, Mo.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_, alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (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? 306

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

1 MAY 21 1955

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.....

*W. D. Haines*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*W. D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Bilman City 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.

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. ....

Registration District No. 338

Primary Registration District No. 0474

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Sugar Creek  
(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 40 yrs (Specify whether \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison  
(c) City or town Silman City Mo  
(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 Charles Walter Downey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Myrtle Downey 6. (c) Age of husband, or wife, if alive 16-1940 year

7. Birth date of deceased Jan 16-1940  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Danvers Co  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William Downey  
(City, town, or county) (State or foreign country)

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

14. Maiden name Anne Patti

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

16. (a) Informant Myrtle Downey  
(b) Address Silman City Mo

17. (a) Rural (b) Date thereof 7-30-1930  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silmore Cemetery  
18. (a) Signature of funeral director W D Hames  
(b) Address Silman City Mo

19. (a) 10/30/40 (b) S. A. O'Leary  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1940 hour 8 minutes 30 P. M.

21. I hereby certify that I attended the deceased from July 1  
1940 to July 28 1940  
that I last saw him alive on July 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gland at angle of right jaw

Due to Carcinoma of right jaw

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 52  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 1 Year  
2 years

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Warren (M. D. or other) \_\_\_\_\_  
Address Silman City Mo Date signed 10/30/40

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

APPROPRIATELY

S-35426

1955

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1955