

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3319 Benton,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
(Specify whether)
In this community **Unknown,**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson,**
(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3319 Benton,**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **no.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **26th,**
year **1940** hour **4:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 13,** 19**40** to **Dec 26,** 19**40**,
that I last saw him alive on **Dec 26-1,** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **10 days**

Due to **Brain**
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 **A. L. Benson** (M. D. or other) **De**
Address **3400 East 31** Date signed **Dec 27-40**

8. (a) PRINT FULL NAME **Isaac Charles Downs,**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **493-12-7704**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married,**

6. (b) Name of husband or wife **Clara Downs,** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **March 17, 1867**
(Month) (Day) (Year)

8. AGE: Years **73** Months **9** Days **9** If less than one day
hr. min.

9. Birthplace **Wisconsin,** (City, town, or county) (State or foreign country)

10. Usual occupation **Foundry Bus.**

11. Industry or business **X**

12. Name **Unknown,**

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

14. Maiden name **Unknown,**

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

16. (a) Informant **Mrs. Clara Downs,**

(b) Address **3319 Benton, Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **12-27-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mineral Point, Wisconsin**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **12-30-40** (b) **M. M. Grove**
(Date received local Registrar) (Registrar's signature)

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

Kchmo

Dr. A. L. Henson,
31st and Indiana,
Li 5400

1:30 P.M.

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

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address *H. C. 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.