

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECEIVED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

13939

State File No. ....

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 415

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH

(c) Name of hospital or institution: STATE HOSPITAL No. 2  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 38 yrs. 6 mo.  
(If not in hospital or institution, write street number or location)

In this community 38 years 6 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. (Unknown) 8  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Thomas Downing

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 Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased January 18- 1866  
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
<u>75</u>	<u>years</u>	<u>2</u>	<u>24</u>	<u>—</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Brick Mason

11. Industry or business — as above

12. Name Hilburn J. Downing

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

14. Maiden name Catherine Pemberton

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

16. (a) Informant Hospital Records

(b) Address St. Joseph, Mo.

17. (a) Removed (b) Date thereof Apr 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director W. J. Williams

(b) Address 1501 Grand Ave. St. Joseph, Mo.

19. (a) Apr 12 1941 (b) W. J. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12<sup>th</sup>  
year 1941 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 3-17-41  
March 17, 1941, to April 12, 1941;  
that I last saw him alive on April 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary Embolism</u>	<u>unknown</u>
Due to <u>Fracture of humerus</u>	<u>1 wk.</u>
Due to <u>Accident 4-5-41</u>	
Other conditions <u>Senility</u> <small>(Include pregnancy within 3 months of death)</small>	
Major findings: <u>None</u>	
Of operations <u>None</u>	
Of autopsy <u>None</u>	

PHYSICIAN None

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) Accident

(b) Date of occurrence 4-5-41

(c) Where did injury occur? St. Joseph Bursh. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Mo. State Hosp. no 2

(e) While at work? No. (Specify type of place)

(f) Means of injury fell on steps

23. Signature Donald H. Burt (M. D. or other) MD

Address State Hosp no 2 Date signed 4-12-41

**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.....

Licensed Embalmer No. 20413

P. O. Address.....

**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, fact should be so stated above.**