

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JUN 15 1940  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17602  
Registrar's No. 29-19

Registration District No. 207  
Primary Registration District No. 4125

1. PLACE OF DEATH:  
(a) County Clinton  
(b) City or town Plattsburg Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME MARY PRISCILL DOWNEY  
8. (b) If veteran, name war no.  
8. (c) Social Security No. none

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 16 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Keeper

11. Industry or business  
12. Name Timothy Murphy  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Priscill  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

18. (a) Informant's own signature Timothy P. Hayes  
(b) Address 648 W. Haagy Kansas City Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30-41  
(Month) (Day) (Year)  
(c) Place: burial or cremation Celony, Plattsburg Mo.

18. (a) Signature of funeral director D. P. Brien Lyon  
(b) Address Plattsburg Mo.  
19. (a) May 30 - 1941 (Date received local registrar) (b) Eubrice Christian (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clinton  
(c) City or town Plattsburg  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1941 hour 4 minute 45 P.M.  
21. I hereby certify that I attended the deceased from 1928  
\_\_\_\_\_, 1928 to May 28, 1941;  
that I last saw her alive on May 28, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the lungs  
Duration about 1928

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
13/2

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 P. M. Steckman (M. D. or other) D  
Address Plattsburg Mo. Date signed 5-29-41

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.

MAY 23 1951

**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..... *Daniel D. Lynn* .....

Licensed Embalmer No. *3640* .....

P. O. Address..... *Flattsburg, Md.* .....

**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.**