

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah
(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 92 yrs
years, months or days

3. (a) PRINT FULL NAME Minervia Ann Downing

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife Issac Downing 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased 12 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 7 Days 0 29 If less than one day hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Michael Blazedy

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

14. Maiden name Sallie Bates

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

16. (a) Informant E. W. Downing
(b) Address Savannah Mo.

17. (a) B (b) Date thereof I 13 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravel Wall

18. (a) Signature of funeral director E. B. Breit
(b) Address Savannah Mo.

19. (a) Jan. 12 1942 J. F. Fitchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Savannah
(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 1 day 11
year 1942 hour 5 A.M. minute _____ M.

21. (I hereby certify that I attended the deceased from Jan 10 1940
Secretary, 1941, to Dec 10 1941, 1941;
that I last saw her alive on Dec 10 1941, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration _____

Due to Old age

Due to _____

Other conditions 162B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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

22. If death was due to external causes, fill in the following: none
(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 J. F. Fitchman (M. D. or other) _____
Address Savannah Mo. Date signed 1-12-42

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. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address. *Savannah 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, fact should be so stated above.