

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS

FILED JUN 10 1942

Registration District No.

Primary Registration District No. 3003

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
213 County Road
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 213 County Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Arthur Downs

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

(b) Name of husband or wife Emma Downs (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 11, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 26 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name William C. Downs

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

14. Maiden name Elizabeth Watkins

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

16. (a) Informant Mrs. Lina Stark

(b) Address 701 County Road, Monett, Mo.

17. (a) Burial (b) Date thereon 5-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo.

19. (a) 5-9-1942 (b) Wm. H. Harman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 7, 1942 to May 8, 1942
that I last saw him alive on May 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
as seen on the autopsy
findings indicated that
Due to dead when arrived

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations none 94a

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?

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

23. Signature Wm. H. Harman (M. D. or other).....

Address Monett, Mo. Date signed 5/8/42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1075

RECEIVED

District Health Officer No. 6,

District File Number 642-786

Date Filed JUN 9 1942

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... *Phyllis Conway*
Licensed Embalmer No. 2066
P. O. Address... *Monett 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.