

FILED SEP 9 1942

Registration District No. 164

Primary Registration District No. 30233082

Registrar's No. 93

51
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Johnson

(a) County: Johnson

(b) City or town: Warrensburg (rural)

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson

(c) City or town: Warrensburg, MO.

(d) Street No.: 417 E. Gay St.

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Wiley Galentine Downs.

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color of race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Donnie Downs,

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: Jan. 11 1857

(Month) (Day) (Year)

8. AGE: Years: 75 Months: 6 Days: 21

If less than one day: hr. min.

9. Birthplace: KY.

(City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business: none

MOTHER FATHER

12. Name: unknown

13. Birthplace: unknown

14. Maiden name: unknown

15. Birthplace: unknown

16. (a) Informant: Lewis Taylor

(b) Address: Warrensburg, Mo.

17. (a) Burial (b) Date thereof: Aug. 25-1942

(c) Place: burial or cremation: Sunset Hill Cem.

18. (a) Signature of funeral director: Dwayne Phillips

(b) Address: Warrensburg, Mo.

19. (a) Aug 25 1942 (b) Leola M. Williams

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 2nd year: 1942 hour: minute: M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Exhaustion

Due to: Weakness and heat.

Due to: Feeble minded, 85yr old Wandered away from home found 3 wk later

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

Major findings: Of operations: 1941

Of autopsy: no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): No

(b) Date of occurrence: Aug. 2, 1942, 051

(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: Edward Andrews Date signed: 8-24-42

Address: Warrensburg, Mo. Date signed: 8-24-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-4-42

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 _____

Licensed Embalmer No. _____

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.