No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29759

Registration District No. 38 — Primary Registration District No. 3006-5120 — Registrar's No. 167

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: University Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hours. (Specify whether In this community about 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10 2 7

(a) State Mo (b) County Boone

(c) City or town Columbia (If outside city or town limits write "RURAL")

(d) Street No. 24 Pendleton St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Downing, Miss Martha

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased Aug. (Month) 24 (Day) 1925 (Year)

8. AGE: Years 17 Months 11 Days 19 If less than one day ____ hr. ____ min.

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

10. Usual occupation Assistant teacher

11. Industry or business

FATHER
12. Name Marion Downing
13. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ardonia Hawley
15. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Marion Downing

(b) Address Columbia Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg Mo.

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) 8-14-1942 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th year 1942 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from a.m. on 8/12/ 1942, to P.M. on 8/12/ 1942; that I last saw her alive on 8/12 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	24 hrs.
Due to: Sickle Cell anemia	4½ mo.
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lucille Carman (M. D. or other)

Address Univ. Hosp. Date signed 8/12/42

1250 (Licensed Embalmer's Statement on Reverse Side)

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 Steven R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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, above space should be left blank.

No. 2B
—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 297578

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 467

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Downing, Miss Martha
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: B
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 24 (Day) 1926 (Year)
8. AGE: Years 17 Months 11 Days 19 (If less than one day hr. min.)
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 12 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.

	Duration
Immediate cause of death: Pneumonia Bronchial	24 hr
Due to: Sickle cell anemia	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 107	
Of autopsy:	

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY 12