

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

440705

State File No.

Registration District No. 778

Primary Registration District No. 4188

Registrar's No. 1

37
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Owensville 1 Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community 16 years
years, months or days

3. (a) PRINT FULL NAME JAMES DOWNES

3. (b) If veteran, name war N.O. 3. (c) Social Security No. 485-12-0699

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CELIA DOWNES 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased NOVEMBER 10 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 15 If less than one day hr. min.

9. Birthplace COUNTY WEXFORD Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Bricklayer

11. Industry or business

12. Name Wm DOWNES

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

14. Maiden name Catherine Conner

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

16. (a) Informant Mrs. Celia Downes

(b) Address Owensville Mo

17. (a) Burial (b) Date thereof 12-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leashburg Missouri

18. (a) Signature of funeral director W. F. Gattis

(b) Address Owensville Mo

19. (a) 12/27/42 (b) Alma Pappas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Gasconade
(c) City or town Owensville
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville Missouri
(If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1942 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from 9-14 to 12-25, 1942.
that I last saw him alive on 12-25, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation - terminal Duration 48 Hrs.

Due to Chronic myocarditis 3 yrs.

Due to Atherosclerosis, marked 3 yrs.

Other conditions (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?

While at work (Specify type of place) Means of injury Spd

23. Signature Paul A. Brant (M. D. or other)

Address Owensville, Mo. Date signed 12-26-42

1287

(Licensed Embalmer's Statement on Reverse Side)

20701

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Wilford H. H. Winter
Licensed Embalmer No. 3838

P. O. Address Dimensville Pa

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.