

FILED JAN 11 1943

Registration District No. 280

Primary Registration District No. 5962

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Platt

(b) City or town Rushville

(c) Name of hospital or institution: Route # 1

(d) Length of stay: 25 years

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Platt

(c) City or town Rushville

(d) Street No. Route # 1

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Uri O. Downey

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11 year 1942 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from March 3, 1942 to Dec 11, 1942

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Pearl

(c) Age of husband or wife 53 years

7. Birth date of deceased: September 28, 1889

that I last saw him alive on Dec 9 and that death occurred on the date and hour stated above.

Immediate cause of death: Leucorrhea of the liver

Duration: 1 year +

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>13</u>	hr. min.

Due to: 124 hr

Due to:

9. Birthplace: Platt County, Missouri

Other conditions: Ischemic condition of cerebral cord.

Physician: 4 yrs

10. Usual occupation: Farmer

Major findings of operations:

11. Industry or business: Farm

12. Name: Albert Downey

13. Birthplace: Ohio

Of autopsy:

Underline the cause to which death should be charged statistically.

14. Maiden name: Jane Hanks

15. Birthplace: Illinois

16. (a) Informant: Pearl Downey (Wife)

(b) Address: Route # 1, Rushville, Mo.

17. (a) Burial

(b) Date thereof: 12/15/42

(c) Place: burial or cremation: Sugar Creek Cemetery

18. (a) Signature of funeral director: John E. ...

(b) Address: 6054 Ryor Ave., City

19. (a) Dec. 12 - 42

(b) Mrs. Clara Shiffee

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(a) Means of injury

23. Signature: Joseph P. ...

(M. D. or other) M.D.

Address: Platt City, Mo.

Date signed: 12/16/42

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

RECEIVED

District Health Officer No. Platte
District File Number 1-43-8
Date Filed 1-6-43

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

Signed John E. Rupp
Licensed Embalmer No. 3986
P. O. Address St. Joseph, 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.