

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10322**

Registrar's No. **34**

Registration District No. **137**

Primary Registration District No. **42.14**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Deepwater**  
(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  
In this community years, months or days)

3. (a) PRINT  
FULL NAME

**Rosilie Downing**

3. (b) If veteran,  
name war

**no**

3. (c) Social Security  
No. **no**

4. Sex **Female**  
5. Color or  
1 race **White**

6. (a) **Single** - widowed, married,  
divorced **2**

6. (b) Name of husband or wife **none**

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

7. Birth date of deceased **October 4 1861**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**81 3 28** hr. min.

9. Birthplace **Waverly Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business

12. Name **W. W. Downing**

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

14. Maiden name **Rachel Henson**

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

16. (a) Informant **Mrs Nell Halley**

(b) Address **Deepwater Mo**

17. (a) (Burial, cremation, or removal) (b) Date thereof **2-4-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **W. W. Downing Cem**

18. (a) Signature of funeral director **Tom Thurst**

(b) Address **Deepwater Mo**

19. (a) **Feb. 3 1943** (b) **Georgia Kitchen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**  
(c) City or town **Deepwater**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **Citizen** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **2nd**  
year **1943** hour **3** minute **15** M.

21. I hereby certify that I attended the deceased from **11:45 PM**  
**Feb 1** 19**43** to **3:45 AM** 19**43**  
that I last saw her alive on **Feb 1** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Myocarditis**  
**Severe Angina Pectoris**  
Due to **Repeated attacks**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature **Dr. J. J. Russell** (M.D. or other)  
Address **Deepwater Mo** Date signed **2/2/43**

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

Licensed Health Officer No. 7,

District File Number 2-43-6 L

Date Filed 3-8-43

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**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.....

*Tom Hurst*

Licensed Embalmer No. 2282

P. O. Address Peapack, N.J.

**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.**