

S. No. 2
4-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10373**

ED APR 10 1943

Registration District No. **140**

Primary Registration District No. **3024**

Registrar's No. **23**

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

1. PLACE OF DEATH:

(a) County **Howard**

(b) City or town **Fayette**

(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..... (Specify whether)

years, months or days)

3. (a) PRINT **William Limons Downey**,
FULL NAME

3. (b) If veteran, name war.....

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

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Roxie Downey**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **July 10th 1862**

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 **8** **16** hr. min.

9. Birthplace **Kansas**

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

10. Usual occupation **At Home**

11. Industry or business **Retired Carpenter**

12. Name **John Downey**

13. Birthplace **Missouri**

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

14. Maiden name **Mary Yoakam**

15. Birthplace **Missouri**

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

16. (a) Informant **Frank Downey**

(b) Address **Fayette, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **3-28th 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Ridge**

18. (a) Signature of funeral director **Guy T. Halley**

(b) Address **Fayette, Mo.**

19. (a) **4-1-43** (Date received local registrar)

(b) **Ernest McMillan** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Howard**

(c) City or town **Fayette**

(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **26**

year **1943** hour **1** minute **35** A.M.

21. I hereby certify that I attended the deceased from **Feb 15**

1943 to **3-26-43**, 19.....

that I last saw him alive on **3-26-43**, 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Prostate**

Duration **2 yrs**

Due to.....

Due to.....

Other conditions **Chronic Hypertension**

(Include pregnancy within 3 months of death)

Major findings: **Enlarged mass in bladder**

Of autopsy.....

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)

(c) Means of injury.....

23. Signature **Walley** (M. D. or other) **h. d.**

Address **Fayette, Mo.** Date signed **3-28-43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-9-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm T. Mason

Licensed Embalmer No. 2966

P. O. Address Jayville, 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.