S. No. 2
1—5-42
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13699

FILED MAY 6 1943

Registration District No. 41 Primary Registration District No. 5/24 Registrar's No.

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Dekalb Missouri Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Bloomington, Iowa
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 79 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Dekalb No. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4-ri S-Dekalb No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellen Nora Downing
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Willian T. Downing
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased April (Month) 27 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	11	2	hr. min.

9. Birthplace Weston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeping
11. Industry or business
FATHER
12. Name John Ussary
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Ezekiel Downing
(b) Address Dekalb Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Judy Cemetery
18. (a) Signature of funeral director Lillian Davis
(b) Address Dearborn Platte Co. Mo.
19. (a) 4/3/43 (Date received local registrar) (b) Opal E. Francis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 29th. year 1943 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 29, 1943, to —, 19..; that I last saw her alive on March 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 6 da.
Due to Senile debility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 E. L. Plath, D.O. (M. D. or other)
Address De Kalb, Mo. Date signed 3-31-43

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(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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn 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.