

FILED FEB 14 1944

Registration District No.

Primary Registration District No. 4379

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Pickering
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Lochyal Chandler Downing

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased Oct 16 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Pickering Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Un. Invalid

11. Industry or business

12. Name Grant Downing

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

14. Maiden name Fannie Logan

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

16. (a) Informant Grant Downing

(b) Address Pickering Mo

17. (a) Burial (b) Date thereof 1-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Pickering

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Manlyville Missouri
19. 1-12-44 (Date received local registrar) Amy Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway
(c) City or town Pickering
(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 Jan day 6
year 1944 hour 9:30 minute 9 M.

21. I hereby certify that I attended the deceased from October
1943 to Jan 6 1944
that I last saw him alive on Jan 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 11 Days

Due to Bright's disease 1318

Due to

Other conditions Rickets from injury
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations

Of autopsy no autopsies

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) (e) Means of injury

23. Signature Eugene K. Corning M.D. (M. D. or other) Mo.
Address Pickering Mo. Date signed 1-6-44

Duration
11 Days
Physician
Underline the cause to which death should be charged statistically.

1344

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..... *William Campbell*

Licensed Embalmer No. *5690*

P. O. Address *Marshall 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.