

AM-8-43
 v. 5-17-39
 P1 X37823

State File No. _____
 Registrar's No. 153227

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wheatly Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
 (Specify whether years, months or days) 22 Years

2. USUAL RESIDENCE OF DECEASED: 999
 (a) State Kansas (b) County Wyandotte 14
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 421 Parallel
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country _____

3. (a) PRINT FULL NAME Ella Downing
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race 3 Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James W. Downing
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased July 6, 1883
 (Month) (Day) (Year)

8. AGE: 60 Years 8 Months 7 Days
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Thomas Trimble
 13. Birthplace Arkansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant James W. Downing (Husband)
 (b) Address 421 Parallel

17. (a) Removal (b) Date thereof 3/20/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wastlawn N.C.

18. (a) Signature of funeral director Alice Bailey
 (b) Address 2065 North 5th St.

19. (a) 3-18-44 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1944 to March 12, 1944
 that I last saw her alive on March 12, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death General thrombosis, Arterio Sclerosis
Myocardial Insufficiency

Due to _____
 Due to _____

Other conditions Diabetes Mellitus & Tuberculosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 61

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature M. Brathwaite (M. D. or other) Dr
 Address 1024 James KC Kas Date signed March 15, 1944

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

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. Denton

Licensed Embalmer No.

2007

P. O. Address

77. C. House

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.