

FILED APR 10 1944

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four Months
(Specify whether
In this community Four Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Nancy Barton Downing

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jesse Monroe Downing 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased: Sept. 26 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 19
If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Elijah M. Lewis

13. Birthplace Rush N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Selma Barton

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

16. (a) Informant H.K. Downing

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) Mar. 17 1944 (b) Selma M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1944 hour 4 minute PM

21. I hereby certify that I attended the deceased from Nov. 10
1943 to March 15-44
that I last saw him or alive on March 15-44
and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Broncho-pneumonia 3 days

Due to Primary periosteal Sarcoma of right clavicle with metastasis to the lungs.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature William M. Williams M.D. (M. D. or other)

Address Warrensburg, Mo. Date signed 3-16-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1221

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 Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.