

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17357**

FILED JUN 6 1944
Registration District No. **21847**

Primary Registration District No. **5096**

Registrar's No. **39**

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

1. PLACE OF DEATH:

(a) County Bates Co.

(b) City or town Butler, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. Bates Co. County 7

(c) City or town Butler, Mo.
(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 _____

3. (a) PRINT FULL NAME ELIAS Sherwood Downs

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month May, day 31, 1944
44 year, 7 P.M., _____ hour, _____ minute, _____ M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from 1944 to May 1, 1944, to _____, 19____
that I last saw him/her alive on May 30, 44, 19____
and that death occurred on the date and hour stated above.

7. Birth date of deceased May 28 - 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>		<u>3</u>	hr. _____ min. _____

Immediate cause of death Myocarditis.

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

Due to Age

Due to _____

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

10. Usual occupation Retired

Major findings: Of operations None

Of autopsy None

MOTHER FATHER

12. Name Corneilus Downs

13. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Caffell

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

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? _____

16. (a) Informant Edith McKnight

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof June 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

While at work _____ (Specify occupation) _____
Cause of injury _____

23. Signature C. M. Rice (M.D. or other) _____

Address Butler, Mo. Date signed _____

18. (a) Signature of funeral director L. L. L.

(b) Address Butler, Mo.

19. (a) 6-2-44 (b) L. L. L.
(Date received local registrar) (Registrar's signature)

1306

Mo. May 31, 44

RECEIVED

District Health Officer No. 72

District File Number 5-44-700

Date Filed 6-5-44

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 C. E. Bulmer

Licensed Embalmer No. 2576

P. O. Address Better, 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.