

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF SOMMER
BUREAU OF VITALS
FILED DEC 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

37532

State File No. _____

Registration District No. 101

Primary Registration District No. 5394

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Rural Boone ~~Tump~~
(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) 1

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Delma Lorene Downs

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 7, 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

12. Name Lindell Downs

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

14. Maiden name Eana Conklin

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

16. (a) Informant Lindell Downs

(b) Address Ava, Mo.

17. (a) Burial (b) Date thereof 11-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whites Creek

18. (a) Signature of funeral director Friends

(b) Address Ava, Missouri

19. (a) 12-1-1944 (b) Lula Spurbach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Ava Rural
(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 Nov. day 27
year 1944 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 20
1944 to Nov 27 1944

that I last saw him alive on Nov 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Asphyxiation from double pneumonia
Due to whooping coughs
Due to _____

Duration

2 1/2 hrs
3 1/2 hrs

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

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

Address Ava Mo Date signed 12-5-44

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

34
0
0

1056

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 61

District File Number 1244-1321

Date Filed DEC 11 1944

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 *W.B. Hutchison*.....

Licensed Embalmer No. *3431*.....

P. O. Address *Oran md*.....

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.