V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29631

FILED SEP 25 1945

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3805

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 61 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No. 115 Spruce 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Catherine DOWNER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Joseph F. Downer

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January (Month) 12 (Day) 1884 (Year)

8. AGE: Years 61 Months 8 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Hugh McLaughlin
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant Mr Joseph F. Downer
(b) Address 115 Spruce Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City Missouri

19. (a) 9-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 13 day 13th year 1945 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 9/9, 1945 to 9/13, 1945 that I last saw her alive on 9/13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 Hr
Due to Arterial Hypertension Diabetes Mellitus	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 61	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature James D Smith (M. D. or other)
Address 318 Professional Bldg K.C. Mo. Date signed 9/14/45

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(Licensed Embalmer's Statement on Reverse Side)

Ed James Smith
Prof Bldg
V12780 Room 318

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.....

Licensed Embalmer No.....

P. O. Address.....

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.