

**FILED** JAN 14 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **3015**

Registrar's No. **14**

**1. PLACE OF DEATH:**

(a) County **Clinton**  
 (b) City or town **Cameron**  
(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)  
**102 W 4th St**  
 (d) Length of stay: In hospital or institution **no**  
(Specify whether)  
 In this community **Fifty years**  
years, months or days

**3. (a) PRINT FULL NAME**

**Carrie K 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 **Widow**

6. (b) Name of husband or wife **John C Downing**

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

7. Birth date of deceased **Dec**  
(Month)

**26** **1869**  
(Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>75</b>	<b>11</b>	<b>20</b>	hr. min.

**9. Birthplace**

**Darien Co** **no**  
(City, town, or county) (State or foreign country)

**10. Usual occupation**

**at home**

**11. Industry or business**

**MOTHER FATHER**

12. Name **Fred Koll**  
 13. Birthplace **no record** **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Emma Jeffery**  
 15. Birthplace **no record** **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Downing**

(b) Address **Cameron**

17. (a) **Buried** (b) Date thereof **12-18-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Graceland**

18. (a) Signature of funeral director **Blount Funeral Home**

(b) Address **Cameron**

19. (a) **12-17-45** (b) **Mo Day Budgewater**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Clinton**  
 (c) City or town **Cameron**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **102 W 4th St**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec** day **16**  
year **1945** hour **3:40** minute **7** A. M.

21. I hereby certify that I attended the deceased from **Nov 16** 19**45** to **Dec 16** 19**45**  
that I last saw him alive on **Dec 15** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic gastritis, ga**  
**18 September**

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1318**

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) (e) Means of injury \_\_\_\_\_

23. Signature **A O Greenland** (M. D. or other) **no**

Address **Cameron** Date signed **12/17/45**

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

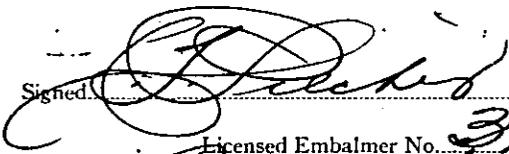
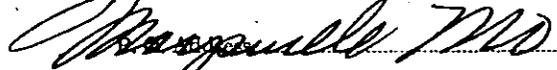
25  
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RECEIVED  
District Health Officer No. 11,  
District File Number  
Date Filed

**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. 3960  


**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.