

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 65 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2522 Jule
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Downs

3. (b) If veteran, name war none
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 April 20 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name John Downs

13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridgett McInnery
unknown Ireland

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

16. (a) Informant Mrs. Frank O'Rourke

(b) Address 2522 Jule

17. (a) burial (b) Date thereof 1/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Nealon, Bette & Bowman

(b) Address St. Joseph, Mo.

19. (a) Jan 4-46 (b) H. J. St. Joseph
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd
year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 15 1945 to Jan 2 1946
that I last saw her alive on Jan 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocardial Insufficiency
Due to chronic Hypertension

Due to Arterio Sclerosis General

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 Huston, H. (M. D. or other) M.A.
Address St. Joseph, Mo. Date signed 1/3/46

Duration
unknown
PHYSICIAN
Underline the cause to which death should be charged statistically.

118 WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

*Mr. W. A. Lane,
Nashville, Tenn.*

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 *Frank A. [Signature]*
Licensed Embalmer No. *1710*
P. O. Address *St. Joseph [Signature]*

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.