

**FILED** MAR 18 1946

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 58

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3  
05617230  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Kirksville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital 4  
In this community 3 mo's 13 days  
years, months or days

3. (a) PRINT FULL NAME Minnie Downs  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John Downs 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Aug - 3 - 1861  
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 25 If less than one day hr. min.

9. Birthplace uk Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Mart Corum  
13. Birthplace uk uk 9  
(City, town, or county) (State or foreign country)  
14. Maiden name V. R.  
15. Birthplace V. R. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Stewart  
(b) Address Edina, Missouri

17. (a) Burial (b) Date thereof 3-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Canton Missouri, Forest Grove

18. (a) Signature of funeral director Kellard  
(b) Address Edina, Missouri

19. (a) 3-2-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lewis 56  
(c) City or town Canton 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 28  
year 1946 hour 7 minute 55 A.M.  
21. I hereby certify that I attended the deceased from Nov. 13 1945 to Feb. 28 1946  
that I last saw h. CR alive on Feb. 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 1 day

Due to Senile Dementia 90  
Due to \_\_\_\_\_

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) (e) Means of injury 9

23. Signature Geo. F. Hancock, M.D.  
Address Kirksville, Mo Date signed 3-28-46

1881  
1881  
1881

RECEIVED

District Health Officer No. 10

District File Number 3-46-502

Date Filed MAR 15 1946

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

*Kath Hudson*

Licensed Embalmer No. 2415

P. O. Address

*Edina, Missouri*

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.