

No. 2
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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. 10257

FILED APR 15 1946
Registration District No. 232

Primary Registration District No. 5857

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County NODAWAY

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

(c) Name of hospital or institution: HOME RURAL NODAWAY Co.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NODAWAY

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES A. DOWNING

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1946 hour 12 min 15 a.m.

4. Sex MALE 5. Color or race WHITE

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

7. (b) Name of husband or wife LAVINA CLARK 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased JULY 5 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 20 1946 to Feb 20 1946

that I last saw him alive on Dead when I got there and that death occurred on the date and hour stated above.

Immediate cause of death angina pectoris (Duration _____)

8. AGE: Years 60 Months 7 Days 15 If less than one day hr. 7 min. _____

9. Birthplace NODAWAY Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name NOAH WASHINGTON DOWNING

13. Birthplace TAYLOR Co. IOWA
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET COPPLE

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

Major findings: Of operations not operated on

Of autopsy none

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

16. (a) Informant CECIL DOWNING

(b) Address SEATTLE WASHINGTON

17. (a) BURIAL (b) Date thereof FEB 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Newton Long

(b) Address Ravenwood, MO

19. (a) 3-12-46 (b) E. H. Hephner
(Date received local registrar) (Registrar's signature)

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 Egbert Crowson (M. D. or other) _____
Address Parnell Mo Date signed Feb 22

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Newton Long

Licensed Embalmer No. 886

P. O. Address Ravenwood Mo

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.