

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20932

Registration District No. 201

Primary Registration District No. 5736

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Atlanta - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all his life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon
(c) City or town Atlanta Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Howard, Olin Downey

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex Male 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 17 1921
(Month) (Day) (Year)

8. AGE: Years 25 Months 2 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace Atlanta MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Downey MO
13. Birthplace Macon Co. MO
(City, town, or county) (State or foreign country)
14. Maiden name Ella Bogert
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Downey

(b) Address Atlanta MO

17. (a) Burial (b) Date thereof June 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery
Atlanta

18. (a) Signature of funeral director _____

(b) Address Atlanta MO

19. (a) 6-30-46 (b) Mrs Olin Downey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1946 hour 6 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Shot thru Heart Duration
by 22. Rifle pellet Self inflicted
INSTANT DEATH

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 11/20
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) Suicide

(b) Date of occurrence 6/29-46

Where did injury occur? ATLANTA MACON MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
IN FRONT YARD OF FARM HOME

(e) Means of injury Rifle pellet

While at work? NO (Specify type of place)

23. Signature Rich Edwards 3
Address Bozwell, Mo Date signed 6/28/46

186

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 7-46-1316

Date Filed JUL-1-07946

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.....

H. M. Gooding, Registered Apprentice No.....
working under my personal supervision.

Signed..... H. M. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta - 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.