

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22591**

FILED JUL 29 1946

Primary Registration District No. **4016**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **ATCHISON**
(b) City or town **TARKIO**
(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 **70yrs** (Specify whether years, months or days)
In this community **70yrs**

3. (a) PRINT FULL NAME **EMMALINE JANE DOWNER**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **2 divorced Widowed**
6. (b) Name of husband or wife **ARA CUMMINGS DOWNER** 6. (c) Age of husband or wife if alive **September 25 1863** years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **82** Months **9** Days **23** If less than one day hr. min.

9. Birthplace **ATCHISON** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **WILLIAM BARLOW**

12. Name **WILLIAM BARLOW**
13. Birthplace **KENTUCKY** (City, town, or county) (State or foreign country)
14. Maiden name **MARY JANE SHERFEE**
15. Birthplace **VIRGINIA** (City, town, or county) (State or foreign country)

16. (a) Informant **CHAS. L THOMPSON**
(b) Address **TARKIO MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 16 46** (Month) (Day) (Year)

(c) Place: burial or cremation **Green Hill Cem.**

18. (a) Signature of funeral director **J M Davis**

(b) Address **Tarkio Mo.**

19. (a) **July 15-46** (Date received local registrar) (b) **Mrs. H. D. Cunningham** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Atchison**
(c) City or town **Tarkio** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1946** hour **9** minute **11** am **M.**

21. I hereby certify that I attended the deceased from **July 14 1946** to **July 14 1946**
that I last saw him alive on **July 13 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration **7 days.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **8/26**
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 **H. D. Cunningham** (M. D. or other) **H. D.**
Address **Tarkio Mo.** Date signed **7/15/46**

SEP 20 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.....

Frank R. Browning

Licensed Embalmer No. *3338*

P. O. Address *Earlsville, 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.