

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29561**
Registrar's No. **1101**

FILED OCT 7 1946
42

Registration District No. _____ Primary Registration District No. **1000**

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:
908 So. 27th. St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether)

In this community **Lifetime**
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. **908 So. 27th. St.** 7
(If rural, give location)

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

3. (a) PRINT FULL NAME **Bernard J. Downey**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **702-14-2910**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **27**
year **1946** hour **3** minute **00 A.M.**

4. Sex **Male** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Katherine Downey**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **November 15 1898**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **viewed**
Sept 27th, 19**46** to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

47 10 12 _____ hr. _____ min.

Immediate cause of death **Coronary Thrombosis**

Due to _____

Due to _____

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Assistant Agent**

Other conditions **Arterial Hypertension**
(Include pregnancy within 3 months of death)

Due to _____

11. Industry or business **Mo. Pacific Railroad**

12. Name **Michael J. Downey**

13. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Eleanor Welsh**

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Katherine Downey**

(b) Address **908 So. 27th. St.**

17. (a) **Burial** (b) Date thereof **Sept. 30, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

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? _____

18. (a) Signature of funeral director **Norman W. Dufaden**

(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **Sept. 30, 1946** (b) **A. J. Nettleship**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **B. W. Tadlock** **Coroner**
(M. D. or other)

Address **King Hill Bldg** Date signed **9/27/46**

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

MOTHER FATHER

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 Ernest Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.