S. No. 2
1—8-43
5-17-39
P I X37823

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

28393

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29562

State File No. —

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1003

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: St. Joseph Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs. (Specify whether In this community 5 hr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Plattsburg (If outside city or town limits, write "RURAL") 3

(d) Street No. 804 Broadway (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mary Catherine Downey

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race W.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 5 (Month) 6 (Day) 1872 (Year)

8. AGE: Years 74 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Clinton Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Dennis Downey
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Ellen Cunningham
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Miss Ann Downey

(b) Address Plattsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo

18. (a) Signature of funeral director Lyon Funeral Home

(b) Address Plattsburg Mo.

19. (a) Sept. 5, 1946 (Date received local registrar) (b) A. J. Nettebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-5, 1946, to 9-5, 1946; that I last saw her alive on 9-5, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Unknown

Due to Cause Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22A

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John J. Byrne (M. D. or other)

Address St. Joseph Mo Date signed 9-5-46

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(Licensed Embalmer's Statement on Reverse Side)

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 Darell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.