

Primary Registration District No. **5394**

Registered District **OCT / 8 1946**

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

1. PLACE OF DEATH:

(a) County **Douglas**

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

(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Nona Downs**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

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

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

6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **November 9, 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	10	18	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Jode Skiles**

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

14. Maiden name **Ann Hanger**

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

16. (a) Informant **Marion Downe**

(b) Address **Ava, Missouri**

17. (a) **Burial** (b) Date thereof **9-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Whitescreek**

18. (a) Signature of funeral director **Clint Beard Funeral Home**

(b) Address **Ava, Missouri**

19. (a) **Oct 1-46** (b) **Vesta Bushman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas** **34**

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

(d) Street No. **117**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **27**
year **1946** hour **3** minute **45 P** M.

21. I hereby certify that I attended the deceased from **Sept 26** 19**46**, to **Sept 27** 19**46**
that I last saw her alive on **Sept 27** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Wemic Coma**

Due to **Acute nephritis**

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

Major findings:
Of operations.....

Of autopsy..... **132**

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 **M. C. Gentry** (M. D. brother)

Address **Ava, Mo** Date signed **9-30-46**

Duration **2 days**

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1046-1027

Date Filed OCT 7 - 1946



OCT 7 & 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..... *J.B. Hutchison*

Licensed Embalmer No. 3431

P. O. Address One

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.