

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Downey
State File No. 33507
Registrar's No. 4513

FILED NOV 12 1946

Registration District No. 177 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2620 Monroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael J. DOWNEY
3. (b) If veteran, name war World War I
3. (c) Social Security No. 487-03-6972

4. Sex M 5. Color or race O W
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Margaret Eliz Downey
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased September 27 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 0
If less than one day hr. min.

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

10. Usual occupation Carpenter Stonecutter
Lindy Stone Fixtures

11. Industry or business
12. Name Aloysius Joseph Downey
13. Birthplace Topeka Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dealy
15. Birthplace Little Blue Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Eliz Downey
(b) Address 2620 Monroe

17. (a) Burial (b) Date thereof Oct 29 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's-Independence

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address 1800 Linwood Blvd K.C. Mo

19. (a) 10-28-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1946 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from August 1946 to Oct 27 1946
that I last saw him alive on Oct 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute purulent Pericarditis Duration 2 days
Due to Carcinoma of upper third of esophagus 1 yr.
Due to

Other conditions (include pregnancy within 3 months of death)
Major findings: 460
Of operations
Of autopsy yes

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 D.P. Klepinger M.D. (M.D. or other)
Address 615 Angyle Bldg Date signed 10-27-46
KC Mo

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

MOTHER FATHER

DEC 13 1946

NOV 14 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.....
Licensed Embalmer No.....

P. O. Address.....

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.