

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED OCT 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. **33508**
Registrar's No. **4388**

Registration District No. **149** 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: **3528 Montgall**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **45 years** (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. **3528 Montgall**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Alberta Wallace DOWNING**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **2** **widowed**
6. (b) Name of husband or wife **L. Vernon Downing** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Feb. 21, 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **28** If less than one day hr. min.

9. Birthplace **Scugog Island, Toronto Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business **At home**

12. Name **William Wallace**
13. Birthplace **Toronto, Canada**
(City, town, or county) (State or foreign country)
14. Maiden name **Marzette Sachel**
15. Birthplace **Pottsdale, N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frank LaSalle**
(b) Address **3528 Montgall, K. C., Mo.**

17. (a) Burial **(b) Date thereof** **10-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**
(b) Address **Kansas City, Missouri**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19**
year **1946** hour **7** minute **30** A. M.
21. I hereby certify that I attended the deceased from **Oct 15 - Oct 18**
Oct 18, 19**46**, **Oct 18**, 19**46**
that I last saw her alive on **Oct 18**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** Duration

Due to **fare q history of bearing had rheumatism 4 years**
Due to **a go - removed after extraction of teeth**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **948**
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) (2) Means of injury
23. Signature **Hester Sappenfield** (M. D. or other)
3812 State Line Date signed **Oct 19**

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

MOTHER FATHER

38122 State Service
Va. 0568

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 Allen C. Heck
Licensed Embalmer No. 4063
P. O. Address Kansas City, 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.