

Registration District No. **133** Primary Registration District No. **3022** Registrar's No. **118**

1. PLACE OF DEATH:
(a) County **Harrison**
(b) City or town **Bethany**
(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 **Ulysses Grant Downey**
3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Oct 1 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **18** If less than one day hr. min.

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

10. Usual occupation **Labrer**

11. Industry or business
12. Name **Spellman Downey**
13. Birthplace **KY** (City, town, or county) (State or foreign country)
14. Maiden name **Messine**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Was James Beaver**
(b) Address **Bethany Mo**

17. (a) **Buried** (Burial, cremation, or removal) (b) Date thereof **Dec 20 1946** (Month) (Day) (Year)
(c) Place: burial or cremation **Mason Cemetery**

18. (a) Signature of funeral director **Joe E. Wheeler**
(b) Address **Bethany Mo**

19. (a) **Dec 26 46** (Date received local registrar) (b) **Zola Burris** (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **19** year **1946** hour **7** minute **30** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **4 yrs**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **✓**
Of autopsy **no**

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 **W. H. Boyler** (M. D. or other)
Address **Bethany Mo** Date signed **12/24/46**

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

39130

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address. Bethany 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.