

FILED DEC 24 1946

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 5215

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:
2906 Highland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 6 years
years, months or days)

3. (a) PRINT FULL NAME James C. DOWNEY

3. (b) If veteran, name war World War I 3. (c) Social Security No. 496-18-1202

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lola Mae Downey 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased January 21, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>10</u>	<u>20</u> hr. <u> </u> min.

9. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Order Clerk

11. Industry or business Sturdy Wms. Tool Crib

12. Name James H. Downey

13. Birthplace Bridgenort, Conn.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hogan

15. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola M. Downey

(b) Address 2906 Highland, K. C., Mo.

17. (a) Burial (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonest Hill

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

19. (a) 12-12-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40
(c) City or town Kansas City 38
(If outside city or town limits, write "RURAL")
(d) Street No. 2906 Highland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1946 hour 12 minute 15 A.M.

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

Immediate cause of death Deputy Coroner
acute coronary insufficiency
Due to Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death) 938

Major findings:
Of operations _____
Of autopsy See Above

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? 0

(Specify type of place) _____
While at work? _____ (e) Manner of injury _____
23. Signature A. E. Upcher (M. D. or other) _____
Address 2800 Truman Date 12/11/46

MOTHER FATHER

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.....

..... *Dean Cole*, Registered Apprentice No. *408*
working under my personal supervision.

Signed *Russell W. France*

Licensed Embalmer No. *4255*

P. O. Address *K. C. 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.