

FILED MAR 10 1947
Registration District No. 5

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

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Tarkio
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK SHERIDAN DOWNING

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 mar
6. (b) Name of husband or wife Edna Marian Downing 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 13 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 26 hr. min.

9. Birthplace Philidelphia Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

MOTHER FATHER { 12. Name Thomas Downing
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ann Thompson
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F.S. Downing
(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 2/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery
(d) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) Feb 24-47 (b) Mrs. F.S. Downing
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1947 hour 2 minute 10 a. M.

21. I hereby certify that I attended the deceased from Feb 8 to Feb 9 1947
that I last saw him alive on Feb 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, 1 da
Due to arterio sclerosis ?

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Owen Wright (M. D. ####)
Address Tarkio, Mo. Date signed 2/11/47

SEP 15 1956

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.....

Geo. M. Lewis

Licensed Embalmer No. 2394

P. O. Address.....Tarkio, 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.