

FILED JUL 3 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2693

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. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 DAYS (Specify whether years, months or days)
In this community 34 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. 4141 CAMPBELL
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES ROBERT DOWNING

3. (b) If veteran, name war NO 3. (c) Social Security No. 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 JUNE 19 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 If less than one day _____ hr. _____ min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business _____

MOTHER FATHER { 12. Name LEO DOWNING
13. Birthplace ROSS TON OKLAHOMA
(City, town, or county) (State or foreign country)
14. Maiden name MILDRED MAGNUSON
15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (b) Informant Leo Downing
(a) Address 4141 Campbell

17. (a) BURIAL (b) Date thereof JUNE 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florida Hills CEM.

18. (a) Signature of funeral director D. J. Williams
(b) Address 1401 13th St. S.W. Okla. C. Mo.

19. (a) 6-23-47 (b) Thalidine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1947 hour 7:05 minute PM

21. I hereby certify that I attended the deceased from June 19 1947 to June 22 1947
that I last saw him alive on June 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration Pneumonia
Due to Pneumonia

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 159
Of operations _____
Of autopsy _____

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 Marion T. Marshall (M. D. or other) _____
Address 731 W. 47 St. Kansas Date signed 6/22/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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: *D. P. Nofsinger*

Licensed Embalmer No. *5938*

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.