

ENCLOSED

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 1947 PERMANENT RECORD

No. 2

3-43

17-39

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36785

FILED NOV 4 1947
Registration District No. 329

Primary Registration District No. 4485

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Fernfelt
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 36 hours
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Downs3. (b) If veteran, name war ✓ 3. (c) Social Security No. 702-16-4150

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Willie Downs 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased June 26 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 10 hr. min.

9. Birthplace Reedhouse Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Brake man

11. Industry or business

12. Name Wm. Henry Downs, Sr. 7
 13. Birthplace Unknown 7
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Smith
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant James H. Adams
 (b) Address Fernfelt, Mo.
 17. (a) Burial (b) Date thereof (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation Center Hill, Paragould, Ark.

18. (a) Signature of funeral director Bryant H. Jones
 (b) Address Ill. Mo.
 19. (a) 4-9-1947 (b) Henry A. Dinger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Greene 979
 (c) City or town Paragould 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1947 hour 7 minute 30 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 hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 947 PHYSICIAN _____
 Of autopsy _____ 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 3
 23. Signature Dwight Taylor Corner Scott
 Address Sikeston, Mo. (City or town) (County)
 Date signed 4-8-47

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1948

RECEIVED

District Health Officer No. 2

District File Number 1142-1426

Date Filed 11-3-47

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.....

Oliver Camick

Registered Apprentice No. 455

working under my personal supervision.

Signed.....

Margie Bueplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.