S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37635

State File No.

Registration District No. 111

Primary Registration District No. 5426

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Calvey Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #1 Catawissia (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 37 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

(c) City or town (Rural) Catawissia 0 (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country — D

3. (a) PRINT FULL NAME Stephen Byron Downey

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Hattie Downey

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Sept (Month) 2 (Day) 1881 (Year)

8. AGE: Years 66 Months 1 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name James Downey 4
13. Birthplace — (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Maria Doyle 4
15. Birthplace — (City, town, or county) Ireland (State or foreign country)

16. (a) Informant James Downey Jr.
(b) Address Catawissia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem. St. Louis Mo.

18. (a) Signature of funeral director Jno L Thurkes
(b) Address Pacific, Mo.

19. (a) Oct 16/47 (Date received local registrar) (b) Mary B Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1947 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from June 25 - 1945 to Oct 13 1947 that I last saw him alive on Oct 10 - 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Diabetes Coma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy (0)

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 0

23. Signature L. J. Beasley M.D. (M. D. or other)
Address 3903 Olive St. Date signed 10-14-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number NOV 18 1947
Date Filed

JAN 17 1949

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 Jno. L. Hughes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.