

FILED MAY 1 1948

Registration District No.

Primary Registration District No.

4381

Registrar's No.

105

1. PLACE OF DEATH:

(a) County NODAWAY  
(b) City or town HOPKINS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community LIFE  
years, months or days)

3. (a) PRINT FULL NAME LYDIA PARTHENA DOWNING

3. (b) If veteran, name war: - 3. (c) Social Security No. -

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife ALFRED DOWNING 6. (c) Age of husband or wife if alive 14 years  
7. Birth date of deceased Feb 14 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Nodaway Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Nursewife

11. Industry or business

MOTHER FATHER { 12. Name JOHN DANIELS  
13. Birthplace Indiana (City, town, or county) (State or foreign country)  
14. Maiden name MARY STINGLEY  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Ira Boring  
(b) Address Marville, Mo.  
17. (a) Buried (b) Date thereof 4-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hopkins Cemetery  
18. (a) Signature of funeral director Hurt on Hwy  
(b) Address Ravenwood, Mo.  
19. (a) 4-21-48 (b) Beas/ Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 3  
20 1946 to 3:22 1948  
that I last saw hsv alive on 3-22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion Duration 20 Min

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/40  
Of autopsy

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?

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

23. Signature A. C. Bauman (M. D. or other) M.D.  
Address 15th Main Marville Date signed 4/20/48

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

60

**HEALTH OFFICE  
Cameron, Mo.**

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**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.....  
*Newton Long*

Licensed Embalmer No. *986*

P. O. Address *Ravenwood, 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.**