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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20583  
Registrar's No. 203

FILED JUN 29 1948  
Registration District No. 3061

Primary Registration District No. 3061

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo.  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Marshall 997

(c) City or town Marshalltown Iowa 13  
(If outside city or town limits, write "RURAL")

(d) Street No. 134 East State 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Herbert Butler Downing

(b) If veteran, 1915 until 1945

(c) Social Security No. \_\_\_\_\_

name war active stand as you

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th  
year 1948 hour 2:52AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2:30 AM  
June 14th 1948 to 2:52 AM 1948  
that I last saw him alive on June 14th 1948  
and that death occurred on the date and hour stated above.

4. Sex male 0 5. Color or White 6. (a) Single, widowed, married, divorced married  
race Cauc.

6. (b) Name of husband or wife Cora Gertrude Mc Clever 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 31 1890  
(Month) (Day) (Year)

Immediate cause of death Anginal Pectoris Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
58 2 13 hr. \_\_\_\_\_ min.

Due to Fatigue

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 94 P

9. Birthplace Marshalltown, Iowa 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Licensed Auditor for m. & m.

Major findings: Gall Bladder operation previously PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Moving pictures

12. Name Mr. Edgar Ernest Downing

13. Birthplace White River Falls, Vermont 1  
(City, town, or county) (State or foreign country)

14. Maiden name Conrad Butler

15. Birthplace Ambury, Illinois 1  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mr. Ned E. Downing

(b) Address Marshalltown, Iowa

17. (a) Burial (b) Date thereof June 18-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Side Cemetery Marshalltown, Iowa

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Dr. A. B. Shuck (M. D. or other) D. B.  
Address Flat River, Mo Date signed 6/15/48

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Alvin W. Hood - 303 Craig St. Flat River, Mo.

19. (a) 6-54-48 (b) Esther Redloff  
(Date received local registrar) (Registrar's signature)

NOV 13 1948

RECEIVED

District Health Officer No. 4  
File Number 648-82  
Date Filed 6-28-48

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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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat 2, Quincy, Ill.

**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.**