

FILED AUG 26 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26260

Registrar's No. 3014

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

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 5735 Central (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nettie Downs

3. (b) If veteran,

name war No

3. (c) Social Security No.

None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

Charles Downs

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased December 9th, 1865
(Month) (Day) (Year)

8. AGE:

Years 82

Months 7

Days 12

If less than one day

hr. _____ min.

9. Birthplace

Paynesville
(City, town, or county)

Ohio
(State or foreign country)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER { 12. Name

Charles S. Gilbert

13. Birthplace

Unknown
(City, town, or county)

9
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county)

9
(State or foreign country)

16. (a) Informant

John Hovey

(b) Address

5735 Central

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

7-23-48
(Month) (Day) (Year)

(c) Place: burial or cremation

Mt. Washington Cemetery

18. (a) Signature of funeral director

Freeman Mortuary

(b) Address

Kansas City, Missouri

19. (a)

7-23-48
(Date received local registrar)

(b)

Heraldine Holmes
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from
June 22, 1948 to July 21, 1948
that I last saw her alive on July 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of rectum

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy None

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 Wm W. Hart (M. D. or other) 9-22-48
Address Med. Dir. Gen'l Hosp. Date signed _____

Dr. [unclear]

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..... *Walter H. Corwin*

..... Licensed Embalmer No. *4352*

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.