No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 73

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5335

State File No. 36019

Registrar's No. 90

1. PLACE OF DEATH:

(a) County: Dade

(b) City or town: Rural Polk Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 miles East of Greenfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dade

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

(d) Street No.: 6 miles East of Greenfield
(If rural, give location)

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

If yes, name country: No

3. (a) PRINT FULL NAME: RUTH LAVENA DOWNING

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Elcania T. Downing

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

7. Birth date of deceased: March 16, 1857 (Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: Peoria (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Home

11. Industry or business: Home

FATHER
12. Name: Thomas Wright
13. Birthplace: No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jerusia Lowe
15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. W. H. Kimbler

(b) Address: Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Downing Cemetery

18. (a) Signature of funeral director: Sam E. Senseney Jr.

(b) Address: Greenfield, Mo.

19. (a) 11-19-48 (Date received local registrar) (b) Geo. L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11/4/48, 19__, to 11/18/48, 19__; that I last saw her alive on 11/4/48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 wks

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: G. R. Cain M.D. (M. D. or other)

Address: Greenfield, Mo. Date signed 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1326
Date Filed 12-26-48

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 Sam E. Sweeney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.