REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5906
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph
(d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 50 yrs. - mos. - ds.

Registration District No. 85
Primary Registration District No. 1001
Registered No. 115

2. PRINT FULL NAME John Stack Downing
(a) Residence, No. 2222 S.15th.Str. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

55

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Downing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22, 1875.

7. AGE: YEARS 63 | MONTHS 10 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Car Insp't
9. Industry or business in which work was done, as saw mill, bank, etc.: Union Terminal
10. Date deceased last worked at this occupation (month and year): 1931.
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tourlis County Ireland 5

FATHER
13. NAME: Martin Downing 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 5

MOTHER
15. MAIDEN NAME: Mary Stack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): P.M.Downing 2222 S.15th.Str. St.Joseph,Mo

18. BURIAL, CREMATION, OR REMOVAL: Mt.Olivet Cemt.
PLACE St.Joseph,Mo. DATE Febr.6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.O.Sidenfaden & Son 1802 Union Str.St.Joseph,Mo.

20. FILED Feb 4, 1939 H.J.Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1939, to 2-3, 1939
I last saw him alive on 2-2-, 1939 Death is said to have occurred on the date stated above, at 7:30A m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2-1-39

82 C

Other contributory causes of importance: cerebral softening - endarteritis

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Thomas Redmond M.D.
(Address) 325 Kirkpatrick Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Elbert E.Harrington, or by **********

Registered Apprentice No. **********, working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258.

P. O. Address 1802 Union Str.St.Jos

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.