

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FILED OCT 24 1941

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

32785  
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852  
(b) Township Poplar Primary Registration District No. 6120 Registered No. \_\_\_\_\_  
(c) City Milan (d) Street No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Daniel Marion Downer  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Milan, Mo.  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 20, 1879</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>11</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greentastle, Missouri</u>		
13. NAME <u>Robert Downer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co., Missouri</u>		
15. MAIDEN NAME <u>Caroline Belless</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co., Missouri</u>		
17. INFORMANT (ADDRESS) <u>Lawsen Downer, Milan, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Greentastle Mo Cem</u> DATE <u>Sept 13, 41</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Schepers, Milan, Mo.</u>		
20. FILED <u>Oct. 9</u> 19 <u>41</u> <u>Cleo Hagar</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1941

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:  
Suicide probably due to ill health

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
164C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury Sept 10, 1941  
Where did injury occur? South of Milan, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place? occurred on ditch at side of public road  
Manner of injury shot self through left chest  
Nature of injury Bullet entered left side

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Charles J. Judd, D.O. M. D. (Address) Palmdale, Mo. Sullivan County

RECEIVED

District Health Officer No. 10

District File Number 10-41-1867

Date Filed OCT 17 1941

DEC 23 1953

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**