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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1165

Registrar's No. 305

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: Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48 3 8

(a) State Mo. (b) County Jackson

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

(d) Street No. 4212 Virginia
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emmett Downer

3. (b) If veteran, name war No

3. (c) Social Security No. #703-03 8687

4. Sex Males

5. Color or race white

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

6. (b) Name of husband or wife Mrs Mary A. Downer

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 19, 1899 (Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Kansas City, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business K.C. Terminal Railroad

FATHER
12. Name Aesop Downer
13. Birthplace Virginia 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mahoney
15. Birthplace Wisconsin 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary A. Downer

(b) Address 4212 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Thomas E. Quirk Funeral Home

(b) Address 4316 Troost Ave

19. (a) 1-23-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st year 1942 hour 12 Noon minute M.

21. I hereby certify that I attended the deceased from Comm, 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Second and third degree burns of legs, arms and head. (Scald)

Due to Railroad transaction

Due to (Collision of engines)

Other conditions (Include pregnancy within 3 months of death) 169-8

Major findings:
Of operations 30

Of autopsy See above

Duration

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) Accident

(b) Date of occurrence 1/9/42 123

(c) Where did injury occur? K.C. Terminal Rg. Yards (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other) 1/23/42

Address [signature] Date signed

(Licensed Embalmer's Statement on Reverse Side)

1941
1898
42

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. 3775

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.