S. No. 2
M—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 111

State File No. 11933

Registrar's No. 654

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hgts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 110
(c) City or town Mineral Point.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Norman Carl Downard.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 16th (Day) 1941 (Year)
8. AGE: Years | Months 5 | Days 26 | If less than one day hr. min.
9. Birthplace Mineral Point (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Oran Lee Downard.
13. Birthplace Shirley (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Alice M. Brown
15. Birthplace (City, town, or county) Colorado. (State or foreign country)
16. (a) Informant Oran Lee Downard.
(b) Address Mineral Point Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 22 (Day) 1942 (Year)
(c) Place: burial or cremation Bismarck Mo.
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo.
19. (a) MAR 21 1942 (Date received local registrar) (b) E. G. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from March 16, 1942 to March 20, 1942 that I last saw him alive on March 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hydrocephalus	5 mo 26 d
Due to	
Due to 157 a	
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 R. D. Evoolsey (M. D. or other) M.D.
Address 4952 Maryland Date signed 3/21/42

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(Licensed Embalmer's Statement on Reverse Side)

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

No EMBALMING, Registered Apprentice No.

working under my personal supervision.

Signed C H Boyd

Licensed Embalmer No. 458

P. O. Address POTOSI 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.