FILED AUG 12 1942

No. 2—
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25397

State File No. .....

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 111

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 352 Small Salt Pond
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 352 Small Salt Pond
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALVIN F. DOWNS
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Belle R. Downs
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 25 (Day) 1942 (Year)
8. AGE: Years 92 Months 0 Days 18 If less than one day ..... hr. ..... min.
9. Birthplace Saline Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation None - Pensioner
11. Industry or business Justice of the Peace 14 yrs
MOTHER FATHER
12. Name Benjamin F. Downs
13. Birthplace ? (City, town, or county) Va. ! (State or foreign country)
14. Maiden name Celeste Neeley
15. Birthplace Mrs Margaret Rubel (City, town, or county) Va ! (State or foreign country)
16. (a) Informant Mrs Margaret Rubel
(b) Address Taos, N. Mex.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem.
18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall Mo.
19. (a) 7-11-1942 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from July 5-42 ..... 19..., to July 8 19 42 that I last saw him alive on July 8 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis -	
Due to Senility	
Due to	
Other conditions Uremia (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 John R. Laurence (M. D. or other)
Address Marshall, Mo. Date signed July 10-42

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-11-42

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 Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall M

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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 796 Primary Registration District No. 3038 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alvin F. Downs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Belle

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

7. Birth date of deceased June (Month) 25 (Day) 1942 (Year)

8. AGE: Years 92 Months 0 Days 18 If less than one day ... hr. ... min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour 0 minute M.

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

Immediate cause of death myocarditis

Due to Senility

Due to

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

Kidney Damage

Major findings:
Of operations
Of autopsy

Duration

132.2

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)
(b) 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 John R Lawrence (M. D. or other)
Address Marshall, Mo Date signed Sept 4-42

25397