

FILED JUN 15 1948

Registration District No. 292

Primary Registration District No. 0005-6088

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County St. Clair Co

(b) City or town Deepwater Mo. R.F.D. # 2
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair Co

(c) City or town Deepwater Mo. R.F.D. # 2
(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 James H. Downing

3. (b) If veteran name war _____ 3. (c) Social Security No. Mo

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Dora D. Downing 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 10 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 43 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 24 1943 to April 28 1943 that I last saw him alive on April 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Sclerosis

8. AGE: Years 75 Months 7 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Downing

13. Birthplace Yorkshire England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jubo

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Dora H. Downing

(b) Address Deepwater Mo. R.F.D. # 2

17. (a) Funeral (b) Date thereof 4-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bronington

18. (a) Signature of funeral director Tom Stewart

(b) Address Deepwater Mo

19. (a) 5-11-1948 (b) V. E. Holtz
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. C. Townsend Jr (M. D. or other) MO.

Address Deepwater Mo Date signed 4-29-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 74

District File Number 5-43-465

Date Filed 6-7-43

APR 7 1951

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.....

Tom Hunt

Licensed Embalmer No. 2782

P. O. Address... Deep Water, me

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.