

FILED MAR 13 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 120

19
2
5
WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

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

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Jasper 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 922 Jackson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Warren Downing

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1944 hour 9 minute 30 ~ M.

21. I hereby certify that I attended the deceased from 2-17-44 to 2-24-44
that I last saw him alive on 2-23-44 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive 66 years (Day) 21 (Year) 1876

7. Birth date of deceased Jan (Month) 21 (Day) 1876 (Year)

Immediate cause of death Myocardial failure Duration 3 days

Due to Chronic Myocarditis Unknown

Due to _____

8. AGE: Years 68 Months 1 Days 3 If less than one day _____ hr. _____ min.

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

Other conditions Scirrhous Carcinoma of stomach (Include pregnancy within 3 months of death)

Major findings: Scirrhous carcinoma of stomach PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy H6 F

10. Usual occupation Retired

11. Industry or business Mining, Zinc & Lead

12. Name Mahlon Downing

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

14. Maiden name Anna Kirkpatrick

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

16. (a) Informant Mrs Ella Downing

(b) Address 922 Jackson Ave

17. (a) Burial (b) Date thereof 2-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Ceme

18. (a) Signature of funeral director Hornbill Dillon

(b) Address 4th & Wall St. Jasper

19. (a) 2-24-44 (b) Guthrie Budhalter
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Joseph W Downing (M. D. number) _____
Address Jasper Mo Date signed 2-24-44

44-2-183

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Jaylin, Ma.

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.