

FILED JUN 23 1947

Registration District No. 164

Primary Registration District No. 5601

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Hazel Hill Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural Rt. 4 Warrensburg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51  
(c) City or town Rural Rt. 4 Warrensburg 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Rt. 4 Warrensburg 0  
(If rural, give location).  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Claude Forest Downing

3. (b) If veteran, name war no 3. (c) Social Security No. 513-14-1539

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edith Downing 6. (c) Age of husband or wife if alive 42 1897 years  
7. Birth date of deceased April 18 1897  
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Johnson Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name E. P. Downing  
13. Birthplace Lafayette Co Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lula Robins  
15. Birthplace Johnson Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Downing  
(b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof 6-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg O.

19. (a) June 9, 1947 (b) Sarannah A. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1947 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from April 4 1947, to June 7 1947  
that I last saw h. in alive on June 4 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death obstruction  
Duration 8 days

Due to probable carcinoma of recto sigmoid. 1 month

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 4/6  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature [Signature] (M. D. brother)  
Address Warrensburg Mo Date signed 6-9-47

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

JUL 11 1947

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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..... *J. Earl Priest* .....

..... Licensed Embalmer No. *3878* .....

P. O. Address..... *Warrensburg 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.**