No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3996

Primary Registration District No. 1000

Registrar's No. 285

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days
In this community: Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte
(c) City or town: Rushville (rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. # 1, Bean Lake
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: PEARL DOWNEY

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Uri.

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

7. Birth date of deceased: September (Month) 26, (Day) 1888 (Year)

8. AGE: Years 59 | Months 5 | Days 10 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER
12. Name: Benjamin Keene
13. Birthplace: Platte Co., (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Cecilia Cook
15. Birthplace: Platte County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Emmett Keene (brother)
(b) Address: R.F.D. #1, Rushville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sugar Creek Cemetery

18. (a) Signature of funeral director: John O. Rupp
(b) Address: 6054 Pryor Ave. St. Joseph, Mo.

19. (a) 3-9-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5/21/46, 1946, to 3/7/, 1948, that I last saw him alive on 3/6/, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	
Due to: Generalized Carcinomatosis	
Due to: Carcinoma of left breast	6 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury:

23. Signature: Joseph L. Fisher (M. D.)
Address: 824 Edmond St. Joseph, Mo Date signed 3/8/48

Jefferson City Printing Co.

(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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.