

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22664**

FILED AUG 11 1948

Registration District No. **23**

Primary Registration District No. **44545334**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **DADE**
 (b) City or town **RURAL - LOCKWOOD TOWNSHIP.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7 Miles S. W. of Greenfield /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **76 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**
 (c) City or town **Greenfield**
(If outside city or town limits, write "RURAL")
 (d) Street No. **None**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **No**

3: (a) PRINT FULL NAME **ANNA CALMER DOWNER**

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

4. Sex **F** 5. Color or race **W**
 6: (a) Single, widowed, married, **2 divorced Widowed**
 6: (b) Name of husband or wife **Esop Downer**
 6: (c) Age of husband or wife if alive **XXXX** years
 7. Birth date of deceased **May 27 1866**
(Month) (Day) (Year)

8. AGE: Years **82** Months **1** Days **10**
 If less than one day **hr. min.**

9. Birthplace **Joliet Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **John Calmer**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Akers**
 15. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

16: (a) Informant **William Calmer**
 (b) Address **Lockwood, Mo.**

17: (a) **Burial** (b) Date thereof **7-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lockwood, Mo.**

18: (a) Signature of funeral director **Sam E. Senseney Jr.**
 (b) Address **Greenfield, Mo.**

19: (a) **7-10-48** (b) **Geo L. Weir**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7**
 year **1948** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **7-2-1948** to **7-4-1948**
 that I last saw **her** alive on **7-4-**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral insufficiency**
 Duration

Due to _____
 Due to _____

Other conditions **92B**
(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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **A. D. Combs** (M. D. or other) _____
 Address **Lockwood Mo** Date signed **7-9-48**

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6;
District File Number 848-866
Date Filed AUG 10 1948

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 Sam E. Sennevey
Licensed Embalmer No. 4099
P. O. Address Greenfield, 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.