S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT. 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Seymour 30111

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 wks.
In this community 10 wks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee 99

(c) City or town Baxter Springs 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1729 E ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dow Y. Downing

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex male O

5. Color or race white

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

6. (b) Name of husband or wife Ritta Downing

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

7. Birth date of deceased Dec. 10 (Month) 1875 (Day) (Year)

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Benton (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation

11. Industry or business Kans. State Mine Inspector

FATHER
12. Name Jasper Lee Downing
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Susan Stoy
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Ritta Downing
(b) Address Baxter Spgs Kas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington Mo

18. (a) Signature of funeral director Wene Funeral Home
(b) Address Baxter Springs

19. (a) 10-7-48 (Date received local registrar) (b) Ed. D. James (Registrar's signature)
by Dorothy Lamphere Baxter Spgs Ks

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 6 year 48 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 3-1948, 19__, to Oct 6, 1948 that I last saw him alive on 10 — 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Acute Cardio-Dilation Arteriosclerosis	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A E Seymour Do (M. D. or other)

Address Baxter Spgs Ks Date signed Oct 7/48

138-0

(Licensed Embalmer's Statement on Reverse Side)

48-10-850

JUN 28 1949

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 Wene General Home, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Lance Wene

Licensed Embalmer No. 2880

P. O. Address Baxter Springs Kan

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.