FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35644

FILED DEC 6 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1263

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2729 Lafayette St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2729 Lafayette St. 70
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Frances Downey
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Michael
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 9 (Day) 1855 (Year)

8. AGE: 1

Years	Months	Days	If less than one day
93	0	16	hr. min.

9. Birthplace Platte City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Patrick Tobin 4
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Margaret Morrisey 4
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Miss Elizabeth Downey
(b) Address 2729 Lafayette Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg Mo. Calvary Cemetery
18. (a) Signature of funeral director Herman W. Iedenfuden
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) 11-29-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1948 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from 11-18, 1948, to 11-25, 1948
that I last saw her alive on 11-24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	2 days
Due to	
Due to	
Other conditions Senility: Arterio sclerosis (general) (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations
Of autopsy 10

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)
While at work? (e) Means of injury 0

23. Signature Wm. J. Byrne (M. D. ~~or other~~)
Address St. Joseph Mo Date signed 11-25-48

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.....Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address.....St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.