

1/47
17-39

FILED NOV 16 1948
Registration District No. 1932

Primary Registration District No. 5476

State File No. _____
Registrar's No. 154

1. PLACE OF DEATH:

(a) County. Grundy

(b) City or town. TINDALL (Lencoln twp)

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

(d) Length of stay: In hospital or institution: 59 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. Grundy 40

(c) City or town. TINDALL 6
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: _____

3. (a) PRINT FULL NAME William F W DOWNER

3. (b) If veteran, name war: _____

3. (c) Social Security No. NOVE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1948 hour approx 2:30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MALE 5. Color or race white

6. (a) Single, widowed, married, divorced. Divorced 3

6. (b) Name of husband or wife. Lizzie Sharp

6. (c) Age of husband or wife if alive: 20 years (Day) 1873 (Year)

7. Birth date of deceased: July (Month)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

8. AGE:	Years	Months	Days	If less than one day
	15	3	2	hr. min.

Due to: Overexhaustion of Exertion
Fire in field

Due to: _____

9. Birthplace: TASEWELL County VIRGINIA (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Other conditions: _____ (Include pregnancy within 3 months of death)

11. Industry or business: Farmer

12. Name: JOHN ANDREW W DOWNER

13. Birthplace: TASEWELL County VIRGINIA (City, town, or county) (State or foreign country)

14. Maiden name: MARY MARKS

15. Birthplace: TASEWELL County VIRGINIA (City, town, or county) (State or foreign country)

Major findings: Of operations: AHW

Of autopsy: _____

22. If death was due to external causes, fill in the following:

16. (a) Informant: Dorothy Wagner (b) Address: Lindall MO

17. (a) bur (Burial, cremation, or removal) (b) Date thereof: 10-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation: South Union

18. (a) Signature of funeral director: James D. Damm (b) Address: Dantes pro.

19. (a) 10-24-48 (Date received local registrar) (b) James Damm (Registrar's signature) 115

(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) 2

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

23. Signature: James A Damm (M. D. or other) 2
Address: Dantes MO Date signed: 10-23-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

William F. Richardson
working under my personal supervision.

Registered Apprentice No. 271

Signed

Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.