

S. No. 2
M-5-42
7-17-43
1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17676

FILED JUN 10 1943

Registration District No. 214-79 Primary Registration District No. 5297 5306 Registrar's No. 1p

006
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Cole

(b) City or town Marion - MADAM Jean
(If outside city or town limits, write "RURAL" and name of township) U

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole ²⁶

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Deloris Ann Driscoll

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased Oct 22 1941
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|----------|----------|-----------|----------------------|
| <u>1</u> | <u>6</u> | <u>10</u> | hr. _____ min. _____ |

9. Birthplace Cole MOO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Clarence Driscoll

13. Birthplace Laclede MOO
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Kathryn Sears

15. Birthplace Kansas City, Kan
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Driscoll

(b) Address Centertown MO

17. (a) Buried (b) Date thereof 5/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cem

18. (a) Signature of funeral director William F. Hudney

(b) Address California MO

19. (a) 5/5/43 (b) U. G. W. H. H. H.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. '41
_____ 19____ to May 1943
that I last saw her alive on May 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia ^{1 week}
Duration

Due to measles

Due to 75

Other conditions None ⁷⁵
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 2

23. Signature Jamiet Hillis (M.D. or other) D.O.

Address Centertown MO Date signed 5-3-43

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..... *H E Freedmeyer*
..... Licensed Embalmer No. *2854*
..... P. O. Address *California 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.