

JUN 1 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18887  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. 96  
(c) City Carthage (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lodeeamy Driver

(a) Residence, No. 537 E. Macon street St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. J. Driver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
85 9 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) LaGrange /  
(STATE OR COUNTRY) Iowa /

13. NAME Edward Eads /

14. BIRTHPLACE (CITY OR TOWN) /  
(STATE OR COUNTRY) Iowa /

15. MAIDEN NAME Harriett Keeling

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Iowa

17. INFORMANT Miss Minnie Driver  
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 5-21-39 1939

19. FUNERAL DIRECTOR (NAME) Ulmer  
(ADDRESS) Carthage, Mo.

20. FILED May 20, 1939 E. J. McEntire, M.D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1939, to May 9th, 1939

I last saw him alive on May 8th, 1939 Death is said

to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Anoplexy

Date of onset

Apr 3

Other contributory causes of importance:  
arterio-sclerosis  
senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1939

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_  
(Signed) Harmer E. Byrd, M. D.

(Address) Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer, No. 6,

District File No. 6-6-39-1236

Date Filed 6-8-39

**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

*E. J. ...*

Licensed Embalmer No. 2222

P. O. Address Carriage

**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, above space should be left blank.**