

FILED FEB 4 1943

Registration District No. 173

Primary Registration District No. 4273

Registrar's No. 2

1. PLACE OF DEATH:

(a) County... LAFAYETTE
(b) City or town... CONCORDIA
(If outside city or town limits, write "RURAL" and name of township)
(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...
In this community... ALL HER LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA DRIVER
3. (b) If veteran, name war... No
3. (c) Social Security No... No

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY C. DRIVER
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased MAY 23 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 21
If less than one day hr. min.

9. Birthplace Concordia Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name LOUIS SCHARN HORST
13. Birthplace CONCORDIA MO (City, town, or county) (State or foreign country)
14. Maiden name WORTHY BLINDE
15. Birthplace CONCORDIA MO (City, town, or county) (State or foreign country)

16. (a) Informant A. L. DRIVER

(b) Address CONCORDIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 19 43 (Month) (Day) (Year)

(c) Place: burial or cremation ST PAULS CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) Jan. 16 - 1943 (Date received local registrar) (b) Mrs. Walter Walford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
(c) City or town CONCORDIA (If outside city or town limits, write "RURAL")
(d) Street No...
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 14 year 1943 hour 5 minute 30 PM.

21. I hereby certify that I attended the deceased from 2-7-37 to 1-14 1943 that I last saw her alive on Feb 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema 4 hr

Due to Myocarditis 5 hr

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations

Of autopsy

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...
23. Signature E. S. Johnston (M. D. or other)
Address Concordia Date signed 1-16-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

o. 2
5-42
7-30
X3

4

1235

RECEIVED

Liaison Health Officer No. 8,

District File Number: _____

Date Filed 2-3-43

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. S. James
Licensed Embalmer No. 2058
P. O. Address Concordia, Mo

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

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