

S. No. 2
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5-17-39
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Wiley
26314

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 26 1943

Registration District No. 339

Primary Registration District No. 4502

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Puxico, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether
In this community 5 months (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Jefferson Driskell

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2 unknown

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

7. Birth date of deceased May 29 1861
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Simon Driskell

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant R.A. Riddle

(b) Address Puxico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park

18. (a) Signature of funeral director Ellen Driskell

(b) Address Sibeston, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sect 100

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from 6-1
1943, to 6-29, 1943
that I last saw him alive on 6-22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Senility (Old Age)

Due to Ordinary causes of old age

Due to _____

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

Major findings: _____ PHYSICIAN _____

Of operations _____

Of autopsy _____

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 9

23. Signature A.M. Wiley (M. D. or other) D.O.
Address Puxico, Mo. Date signed 7-20-43

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JUL 26 1948

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, on June, 29

....., Registered Apprentice No.

working under my personal supervision.

Signed

Arden Ellis

Licensed Embalmer No.

4218

P. O. Address

Substation, 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.