S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20333

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 452

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Baptist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: One day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Seymour (If outside city or town limits, write "RURAL") 1 2
(d) Street No. (If rural, give location) 0 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ida Mae Driver
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Unk.
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: Feb. (Month) 9 (Day) 1876 (Year)

8. AGE: Years 69 Months 2 Days 22 If less than one day hr. min.

9. Birthplace: Unk. (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business:
FATHER 12. Name: Charley Ballard
FATHER 13. Birthplace: Unk. (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unk. (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: Floyd Driver
(b) Address: Seymour Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Seymour Cem.
18. (a) Signature of funeral director: R. Kelley-Ferrell
(b) Address: Seymour Mo.
19. (a) 6-2-45 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1945 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from May 26, 1945 to May 31, 1945 and that I last saw her alive on May 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphatic Leukemia — Duration
Due to:
Due to: 74a
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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

23. Signature: Charles Smith (M. D. or other) M.D.
Address: Springfield, Mo. Date signed: 6-2-45

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(Licensed Embalmer's Statement on Reverse Side)

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.