

FILED MAR 8 1946

State File No. 5108

Registration District No. 101

Primary Registration District No. 5395

Registrar's No. 8

34
8
4108
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Bertha Rural Brown Twp
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Bertha Rural 0
(d) Street No. 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Hannah Driskell

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife John Driskell (c) Age of husband or wife if alive 75 years
7. Birth date of deceased October 17, 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Jack Yates 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Jennie Reed 9
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Jim Driskell (b) Address Bertha

17. (a) Burial (b) Date thereof 1-6-46 (c) Place: burial or cremation Yates

18. (a) Signature of funeral director Friends (b) Address Bertha, Missouri

19. (a) Jan 31-46 (b) Uestal Bushman (c) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4, year 1946 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug 10 - 1945 to Jan 4, 1946 that I last saw her alive on Dec 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration 12 Mos

Due to Insufficiencies of age Due to Hypertension etc

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1311 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?

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

23. Signature H. H. Frame (M. D. or other) Date signed 1/8/46 Address Mountain Home

RECEIVED

District Health Officer No. 6,

District File Number 246-201

Date Filed 2-28-46

At request of family, friends took care of the body.

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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ara 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.