

S. No. 2
OM-5-43
v. 5-17-39
I X36871

FILED APR 14 1947

Registration District No. _____ Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Wheatley-Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2407 N.5th Street 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME CURTIS DRIVER

3. (b) If veteran, name war no

3. (c) Social Security No. 702-07-7838

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josie Driver

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 4th, 1903 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u> <u>43</u>	<u>9</u>	<u>13</u>	hr. min.

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

10. Usual occupation Dining Car Chef

11. Industry or business Frisco R.R. Co.

Eli Driver

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

13. Maiden name Emma Johnson
(City, town, or county) (State or foreign country)

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

15. (a) In charge Josie Driver

(b) Address 2407 N.5th Street

16. (a) Burial (b) Date thereof 3-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

17. (a) Signature of funeral director Nathan W. Haller

(b) Address 1520 N.5th Street

18. (a) 3-19-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1947 hour 1: minute 20 A.M.

21. I hereby certify that I attended the deceased from hon
10 19 46 to March 17, 1947
that I last saw him alive on March 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease

Duration _____

Due to _____

Due to _____

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? _____

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

23. Signature J. M. Walden (M. D. or other) ©

Address 1738 1/2 100th Date signed 3/17/47

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 *Clifford J Woods*.....

Licensed Embalmer No. *3106*.....

P. O. Address *325 Parallel*.....

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.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of *Mo.* }
County of *Jackson* } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. *1271*

On this *18th* day of *April*, 194*7*, before me appears *Mrs. Joie Driver*, who, upon *her* oath, states that the original record of ^{birth} death for *Curtis Driver* died _{born} *3-17*, 19*47* in the State of Missouri, and which was filed at *N. C. Mo.* on *3-19*, 19*47*, should be corrected as follows:

Item No. *7* should read *June 4, 1902*

Instead of

Item No. *8* should read *44-9-13*

Instead of *43-9-13*

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant *Jessie Driver, Wife* Relationship.

2407 25th St N.C.Mo.
Present Address.

Subscribed and sworn to before me this *18th* day of *April*, 194*7*.

My Commission expires *Oct 20, 1947* *Barrie M. Puppelius* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

91022