

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 59

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 507

Primary Registration District No. 4097

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cass

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

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

(d) Length of stay: 17 years 1 day
(Specify whether years, months or days)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville
(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.....

3. (a) PRINT FULL NAME HOMER LEROY DRISKELL

3. (b) If veteran, name war 3. (c) Social Security No. 486-03-7539

4. Sex Male 5. Color White

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased: Oct 21 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>3</u>	<u>3</u>	hr. min.

9. Birthplace: Gas City, Kansas
(City, town or county) (State or foreign country)

10. Usual occupation: Pharmacist

11. Industry or business.....

12. Name: Virgil Driskell

13. Birthplace: Kentucky
(City, town or county) (State or foreign country)

14. Maiden name: Mertine Olive Weaver

15. Birthplace: Moran, Kansas
(City, town or county) (State or foreign country)

16. (a) Informant: Walter Smith

(b) Address: 317 E 79 Terr, R.C. Mo

17. (a) burial (b) Date thereof: Jan 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Jola, Kansas

18. (a) Signature of funeral director: RUNNENBURGER'S

(b) Address: HARRISONVILLE, MO.

19. (a) Jan 27, 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1948 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 23 1948 to Jan 24 1948
that I last saw him alive on Jan 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism

Due to: Mitral + Aortic Insufficiency

Due to: Severely Enlarged Heart

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

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?..... (Specify type of place)

While at work? 0 Means of injury.....

23. Signature: David Hong (M. D. or other).....
Address: Harrisonville Mo Date signed: 1-26-48

Duration Quade

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

JAN 20 1949

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 Ernest Remenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.