

8 No. 2
DM-5-43
v. 5-17-39
X38671

FILED JUL 15 1947
Registration District No. **137**

Primary Registration District No. **4218**

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

1. PLACE OF DEATH:
 (a) County **Henry**
 (b) City or town **Windsor**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
507 West Jackson Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **Windsor, Missouri** (Specify whether _____
 years, months or days) **5 months**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry** **42**
 (c) City or town **Windsor** **2**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **507 W. Jackson** **0**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Elgan E. Driskell**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **3**
 year **1947** hour _____ minute **45** M.
21. I hereby certify that I attended the deceased from **July 10**
1947 to **July 3** **1947**
 that I last saw him alive on **July 3** **1947**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Goldie Carter Driskell** 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **September 20 1874**
 (Month) (Day) (Year)

Immediate cause of death: **Cerebral Hemorrhage** **1 day**
 Due to **arterial sclerosis** **5 yrs.**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **228**

8. AGE: Years Months Days If less than one day
72 9 13 hr. _____ min.

PHYSICIAN
 Major findings: **No operation**
 Of operations _____
 Of autopsy **No autopsy**

9. Birthplace **Unknown Iowa**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Farming**

MOTHER FATHER
 11. Industry or business _____
 12. Name **James O Driskell**
 13. Birthplace **Unknown Iowa**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Cecelia Madlener**
 15. Birthplace **unknown Germany**
 (City, town, or county) (State or foreign country)

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 **T. A. Blackmore** (M. D. or other) **MD.**
 Address **Windsor** Date signed **7-3-47**

16. (a) Informant **Everett Driskell**
 (b) Address **Windsor, Missouri**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-6-47**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Windsor, Missouri**
 18. (a) Signature of funeral director **Huston Surula**
 (b) Address **Windsor, Missouri**
 19. (a) **7-7-1947** (b) **R. R. Ramsey**
 (Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 7,
District File Number 6-47-820
Date Filed 7-14-47

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.....

William M. Turner....., Registered Apprentice No. 470

working under my personal supervision.

Signed Edwin Hunter.....

Licensed Embalmer No. 3391

P.O. Address Windsor, 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.