

S. No. 2
M-1/47
5-15-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948
Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19284

State File No.

Primary Registration District No. 5516

Registrar's No. 124

12000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural, Springfield Twp.
(c) Name of hospital or institution: Route # 4, Windsor
(d) Length of stay: 44 years
In this community 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Rural
(d) Street No. Route # 4, Windsor
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Angelo Adolph Driskell
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1948 hour 8 minute a M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Whitmore Driskell
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August 8 1871

21. I hereby certify that I attended the deceased from 4-2-48 to 6-2-48
that I last saw him alive on 6-2-48 and that death occurred on the date and hour stated above.
Duration 7

8. AGE: Years 76 Months 9 Days 24
If less than one day hr. min.

Immediate cause of death: Chronic myocarditis

9. Birthplace Kingston Iowa

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

10. Usual occupation Farming

11. Industry or business

12. Name J. O. Driskell

13. Birthplace Unknown Iowa

14. Maiden name Barbara Madlener

15. Birthplace Unknown Germany

16. (a) Informant Mrs. A. A. Driskell
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-5-48
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director
(b) Address Windsor, Mo.

19. (a) 6-7-48 (b) R. R. Ramsey

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause of 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature Ray B Jordan (M. D. or other)
Address Windsor Mo Date signed 6-4-48

RECEIVED

District Health Officer No. 7,

District File Number 5-48-620

Date Filed 6-16-48

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 _____

Ellen Kuntz

Licensed Embalmer No. 339 F

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.