

FILED MAY 27 1942

Registration District No. Primary Registration District No. 44-96-69 Registrar's No.

1. PLACE OF DEATH: Scott (Sylvania. Twp.)
 (a) County Scott
 (b) City or town Oran
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
 In this community 35 yrs or more (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100
 (a) State Missouri (b) County Scott
 (c) City or town Oran
 (d) Street No. (If rural, give location) D
 (e) Citizen of foreign country? XX (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Leon P. Driskill.
 (b) If veteran, name war XX (c) Social Security No. XX

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr day 27
 year 1942 hour 3 minute P M.
 21. I hereby certify that I attended the deceased from Dec
1939 to Apr 27 1942
 that I last saw him alive on Apr 27 1942
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Effie Rose Driskill 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Sept 5th 1867
 (Month) (Day) (Year)

Immediate cause of death Coronary sclerosis 3 yrs
Coronary block 6 yrs
 Due to

8. AGE: Years 74 Months 7 Days 22 If less than one day hr. min.

Other conditions Diabetes
 (Include pregnancy within 3 months of death)
 Major findings: 61
 Of operations

9. Birthplace Trenton Tenn. (City, town, or county) (State or foreign country)
 10. Usual occupation Insurance Agent.
 11. Industry or business

MOTHER FATHER
 12. Name James B. Driskill.
 13. Birthplace Tenn. (City, town, or county) (State or foreign country)
 14. Maiden name Mary Pierce.
 15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Effie Driskill.
 (b) Address Oran Missouri
 17. (a) Burial (b) Date thereof 4-29-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oran Cemetery.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director Hessner's Funeral Home
 (b) Address Oran Missouri
 19. (a) 5/4/42 (b) W. L. Wickman
 (Date received local registrar) (Registrar's signature)

23. Signature W. L. Wickman (M. D. or other) D
 Address Cape Girardeau Mo Date signed Apr 25/1942

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

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8.

RECEIVED

District Health Office No. 2

District File Number 042-071

Date Filed 5-12-42

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 Raymond Bess
Licensed Embalmer No. 3467
P. O. Address.....

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.