V. S. No. 2
00M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1943

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24136

Registrar's No. 3402

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo 22 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 510 Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Driscoll Florence William

3. (b) If veteran, name war None

3. (c) Social Security No. Do not know

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Sept. 19 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer.

11. Industry or business

FATHER
12. Name Florence Driscoll
13. Birthplace Irland. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Allen Brown
15. Birthplace Vancover 3
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Kenndy
(b) Address Witchaks.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-43
(Month) (Day) (Year)

(c) Place: burial or cremation Memeral Park KCMo

18. (a) Signature of funeral director Passantino Bros
(b) Address KCMo

19. (a) 8-5-43 (Date received local registrar) (b) Dep. T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 111, 1943, to August 3, 1943
that I last saw him alive on August 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchiechitasis	
Due to	
Due to 106 hr	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Emery R. Thom 0 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Parker G. Rowe

Licensed Embalmer No. 2347

P. O. Address 14 Cmo

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.