

No. 2
8-23
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12844
Registrar's No. 510

Registration District No. 42 Primary Registration District No. 000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
706 North 24th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 30 year a (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL") 1
(d) Street No. 706 North 24th. Street 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Jane Driver
(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Calvin Driver
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased June 15 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 10 19 hr. min.

9. Birthplace Green County Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank L. Driver
(b) Address 2902 1/2 Jule St., St. Joseph, Missouri.

17. (a) Removal (b) Date thereof 5/6/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blockton, Iowa

18. (a) Signature of funeral director Walter Meierhaff
(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) 5-6-45 (b) Teleant Balle
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th.
year 1945 hour 10 minute 35 p. M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to May 4 1945
that I last saw or alive on May 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yrs.
Due to myocardial arteriosclerosis 10 yrs.
Due to senility 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X Of autopsy X
920

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Cabray Worthy, M.D. (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 5-5-45

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

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(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.....

Albert C. Harrington

Licensed Embalmer No. 3258

P. O. Address..... St. Joseph, Missouri.....

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.