N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 11 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

25116
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 788
(c) City St Joseph Mo (d) Street No. State Hospital #2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred — yrs. 2 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 514 Ellen Van Valkenburg
(a) Residence, No. 2326 South 7th St Joseph Mo. St. [ ] 8
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Van Valkenburg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 1879

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 60 | 5 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Mo. 0

FATHER
13. NAME Wm Statsworth 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 7

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Mrs. Floyd Van Valkenburgh Hosp. records #2 R.F.D. #6 St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cemetery DATE July 31st. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fleeman & Son Inc 1946 Calhoun St. Joseph, Mo.

20. FILED July 31 1939 H. J. Nestlebush Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 29, 1939
I last saw her alive on July 29, 1939. Death is said to have occurred on the date stated above, at 2 30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | indep |
| 97 | |

Other contributory causes of importance: Terminal hypostatic Pneumonia 7/1-39

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) P. S. Tate (assistant supt) for Dr. S. Herman, M. D.
(Address) State Hosp. #2 St Joseph Mo.

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 John E. Rupp

Licensed Embalmer No. 3486

P. O. Address St. Joseph

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**