WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

FILED APR 18 1940

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

10656
Do not use this space.

1. PLACE OF DEATH

(a) County Clay — Registration District No. 198

(b) Township or City Fishing River — Primary Registration District No. 3011 — Registered No. 68

(c) Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 6 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

453 — 30

2. PRINT FULL NAME John J. Valentine

(a) Residence, No. 3716 Baltimore, Kansas City, Mo. St. (Usual place of abode, if no street address, write county or city) — Kansas City, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Food Handler

9. Industry or business in which work was done, as saw mill, bank, etc. Helping Hand Institute

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Illinois

FATHER

13. NAME John Valentine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

MOTHER

15. MAIDEN NAME Sophia Baer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Illinois

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Red Bud, Illinois DATE 4-8-40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard Excelsior Springs, Mo.

20. FILED April 8 1940 Mrs Rea McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1939, 19, to April 7, 1940, 19

I last saw him alive on April 7, 1940, 19 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
9513	

Other contributory causes of importance:
General Arteriosclerosis
Hypertension, arterial
Cardiac enlargement
~~[illegible]~~

Name of operation None Date of

What test confirmed diagnosis? Examination and autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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?

If so, specify Unknown

(Signed) W. A. German, M. D.

(Address) W. A. GERMAN, M.D. Acting Manager VAF, Excelsior Springs, Mo. (Veterans Administration Facility)

(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 Robert Ray, Registered Apprentice No. 226 working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2727

P. O. Address Excelsior Springs

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.