. S. No. 2
0M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1370

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 337

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:
2922 Jarboe 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2922 Jarboe
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George W Vallie

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Minnie K Vallie

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased (Month) (Day) (Year) 1870

8. AGE: Years 73 Months Days If less than one day hr. min.

9. Birthplace Aberdeen (City, town, or county) Scotland (State or foreign country) 4

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name Peter Vallie
13. Birthplace (City, town, or county) Scotland (State or foreign country) 4

MOTHER
14. Maiden name Margaret
15. Birthplace Glasgow (City, town, or county) Scotland (State or foreign country) 4

16. (a) Informant Mrs Minnie Vallie

(b) Address 2922 Jarboe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Quirk & Tobin

(b) Address 20 West Linwood Blvd

19. (a) 1/22/43 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21 year 1943 hour a minute M.

21. I hereby certify that I attended the deceased from Carmen, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	
Due to 93D.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Inspection & history	

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 G. Hatch 3 (M. D. or other)

Address R.C. Mo Date signed 1/21/43

(Licensed Embalmer's Statement on Reverse Side)

JUN

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.....

Licensed Embalmer No.....

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.