

No. 2
-2.43
-17-39
X35697

21668

FILED JUN 16 1944

State File No.

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Howard,
(b) City or town Fayette, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard, 45
(c) City or town Fayette, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINTED FULL NAME Thomas Pemberton Valentine,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Jenervine Valentine, 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased December 21st 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 23
hr. min.

9. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name George G. Valentine,

13. Birthplace Virginia, 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jenervine Valentine,

(b) Address Fayette, Mo.

17. (a) Burial Removal (b) Date thereof 516th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Kansas City, Mo.

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 5-75-1944 (b) Edward W. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 44 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1944 to 5-10 1944
that I last saw him alive on 5-10 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 1 wks.
Due to hypertension
Due to coronary heart disease

Other conditions Arteriosclerosis abd. aorta
(Include pregnancy within 3 months of death)
Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION
Of autopsy Arteriosclerosis abd. aorta REQUIRED

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 M. P. Peck (M.D. or other) M.D.
Address Fayette, Mo. Date signed _____

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

33
194

1321

5-10-44

RECEIVED
District
JUN 16 1944
Date Filed

Officer No. 8,

6-14-44

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: *Guy T. Haller*

Licensed Embalmer No. *2966*

P. O. Address *Payette Me*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 39

Registration District No. 140

Primary Registration District No. 3024

1. PLACE OF DEATH: Howard Jayette
 (a) County
 (b) City or town
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community
 years, months or days

3. (a) PRINT FULL NAME Thomas P. Valentine
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive 21 years
 7. Birth date of deceased Dec 21 1944
 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days no If less than one day, min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State (b) County
 (c) City or town (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 1944 year, hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 11/21/44 to 3/15/44, 1944; that I last saw him alive on 3/15/44, 1944; and that death occurred on the date and hour stated above. Immediate cause of death Cerebral apoplexy

Due to hypertension

Due to coronary heart disease

Other conditions (Include pregnancy within 3 months of death) 96

Major findings: Of operations PHYSICIAN

Of autopsy an aneurysm and negative blood + spinal fluid examination & etiology of aneurysm not determined

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

MOTHER FATHER

21668