

FILED JUL 24 1944

Registration District No. ....

Primary Registration District No. ....

1000

Registrar's No. ....

740

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:  
2nd & Atchison Sts  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
16 years (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph //  
(If outside city or town limits, write "RURAL") //  
(d) Street No. 2nd & Atchison Sts //  
(If rural, give location) //  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Angelina Valley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 31, 1928  
(Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 15  
If less than one day hr. min.

9. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)  
housewife

10. Usual occupation home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nicholas Valley

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

14. Maiden name Flores

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

16. (a) Informant Mrs Marcelina Becerra

(b) Address 2nd & Atchison Sts St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 South 10th St, St. Joseph, Mo.

19. (a) 7/21/44 (b) Nicholas J. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1944 hour 2 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 5/15/44, 19\_\_\_\_, to 7/16/44, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pericarditis Duration \_\_\_\_\_

Due to: Empyema

Due to: \_\_\_\_\_

Other conditions: 90%  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W. E. Hartsock M.D. or other \_\_\_\_\_

Address St. Joseph Mo Date signed \_\_\_\_\_

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

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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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, Mo.*

**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.