

FILED JUL 24 1944

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City
(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 -----
(Specify whether
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME Sarah Valley

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

3 Female 5. Color or face Colored 6. (a) Single, widowed, married, divorced Widowed
4. Sex 2
6. (b) Name of husband or wife Antoinette 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Nov. 13, 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown A

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

16. (a) Informant Mrs. Gladys Bequette
(b) Address Crystal City, Mo.
17. (a) Burial (b) Date thereof MAY 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.
18. (a) Signature of funeral director Gentry R. Politte
(b) Address Crystal City, Mo.

19. (a) May 23, 1944 (b) Mrs. Lilly Williams
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jefferson 50
(a) State (b) County
(c) City or town Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. 117 Lincoln
(If rural, give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country ----- D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21, year 1944 hour 7: minute 40 P.M.

21. I hereby certify that I attended the deceased from May 17, 1944 to -----, 19-----, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiovascular disease, Aortic insufficiency

Due to 930

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (a) Means of injury

23. Signature Doctor Balgord M. D. or other) Address ----- Date signed 5-23-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

50

1559

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-21-44.....

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.....

Geoffrey R. Palitta

Licensed Embalmer No.

3481

P. O. Address.....

Crystal City, 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.