

FILED OCT 13 1944

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 999

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: St. Josephs Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 2528 Faraon (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME CHARLES A. VALLERY

3. (b) If veteran, name war none 3. (c) Social Security No. none,

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Manota E. Vallery 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased November 23 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 13 hr. min.

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

10. Usual occupation owner Vallery & Baker

11. Industry or business Live Stock Commision

MOTHER FATHER { 12. Name Jacob Vallery
13. Birthplace Unknown, Germany if
(City, town, or county) (State or foreign country)
14. Maiden name Magdalena Feucht,
15. Birthplace Unknown, Germany if
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. A. Vallery

(b) Address 2523 Faraon

17. (a) burial (b) Date thereof 10/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Hester Beale & Bowman

(b) Address 319 South 10th

19. (a) 10/7/44 (b) Hester Beale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1944 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from Oct 2 - 1944 to Oct 6 1944
that I last saw him alive on Oct 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 2 days
Due to Myocarditis 6 snov.

Other conditions (Include pregnancy within 3 months of death) 932

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Hester Beale & Bowman (M. D. or other) _____
Address 670 Francis & Joseph Date signed 10/7/44

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

Dr. J. C. Bauman
Kirkpatrick Bldg.

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 Frank A. Bauman
Licensed Embalmer No. 1710
P. O. Address St. Joseph M

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.