

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1945

State File No. 40304
Registrar's No. 5247

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital
(d) Length of stay: In hospital or institution: 1 hour-20 Minutes
In this community 26 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2315 Monitor Pl.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs Jessie C. Valverde

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

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John D. Valverde 6. (c) Age of husband or wife if alive years 2 1892
7. Birth date of deceased June 2 1892

8. AGE: Years 53 Months 6 Days 15 14 hr. min.

9. Birthplace Parral-Chic Mexico

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown
13. Birthplace Mexico
14. Maiden name S. Santiesteban
15. Birthplace Mexico

16. (a) Informant Consuelo Hernandez (b) Address St Louis Missouri

17. (a) Burial (b) Date thereof 12-19-46
(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Geraldine Holmes
(b) Address 20 West Linwood

19. (a) 12-20-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16
year 1945 hour 10³⁰ minute a M.

21. I hereby certify that I attended the deceased from Coroner to

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Syphil Poisoning

Due to

Due to Pending chemical analysis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 163

Of autopsy yes - as above

authentic at General Hospital

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 12-16-45

(c) Where did injury occur? 2315 Monitor Pl. Jackson Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? No (e) Means of injury Syphil
23. Signature James Walker (M. D. or other) Coroner
Address 1424 1/2 W. 11th Date signed 12-20-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Charles M. Quirto

Licensed Embalmer No. 3774

P. O. Address J. R. 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.