

FILED MAY 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. 13557

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(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 16 Days Hospital
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME MARTHA LUCINDA VALLEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM THOMAS VALLEY 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased DECEMBER 18 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name WILL CAREY

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

14. Maiden name NANCY HAYS

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

16. (a) Informant Mrs. Bertha Helmer
(b) Address Neosho Mo. R#4

17. (a) Burial (b) Date thereof 4-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GILSON CEMETERY

18. (a) Signature of funeral director Carey Thompson

(b) Address Neosho Mo.

19. (a) 4-25-46 (b) H. B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Neosho Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 20
year 1946 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from 11:46 a.m. to 1:14 p.m. 1946
that I last saw him alive on April 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to

Due to

Due to

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

Major findings: Of operations

Of autopsy

Duration

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 C. E. Coats (M. D. or other)

Address Neosho Mo. Date signed

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

12463

46-4-327

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.....

George Trammell, Registered Apprentice No. *391*,
working under my personal supervision.

Signed *Corley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Nevada 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.