

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

29689

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 328

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Leeper
(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 _____

3. (a) PRINT FULL NAME Edwin Van Valkenburgh
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Addie Van Valkenburgh 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 12 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 17 hr. _____ min.

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

10. Usual occupation Farmer
11. Industry or business Farm

MOTHER FATHER
12. Name Emery Van Valkenburgh
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Wright
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Van Valkenburgh
(b) Address 4469 French Rd. Detroit, Mich

17. (a) Burial (b) Date thereof 10/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont Masonic Cem.

18. (c) Signature of funeral director Frank E. Smith

(b) Address Poplar Bluff Mo

19. (a) (Date received local registrar) 10/1/46 (b) (Registrar's signature) R. W. Mueller

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1946 hour 9:05 minute A. M.

21. I hereby certify that I attended the deceased from Sept 27
1946 to Sept 29 1946
that I last saw him alive on Sept 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Basal Skull fracture

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 186A
Of autopsy 3
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) Fell from Hay Loft

(b) Date of occurrence Sept 27, 1946

(c) Where did injury occur? Wayne Missouri
(County) (State)

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

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

23. Signature Frank E. Smith (M. D. or other) M.D.

Address Poplar Bluff Mo Date signed Oct 21, 1946

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

RECEIVED

District Health Office No. 2,

District File Number 1046-1199

Date Filed 10-7-46

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 *Norman W. Gish*

Licensed Embalmer No. *3387*

P. O. Address *Blissville, Ohio*

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.