

FILED DEC 2 1947  
Registration District No. **33**

Primary Registration District No. **3010**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 805 North Boulevard  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

In this community 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sidney A. Valentine

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Della Day

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Sept. 2, 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 25  
If less than one day hr. min.

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

10. Usual occupation Mail Carrier

11. Industry or business —

MOTHER FATHER { 12. Name Mont Valentine

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

{ 14. Maiden name Janie Welch

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

16. (a) Informant Mrs. S. A. Valentine

(b) Address 805 N. Blvd. Cape Gir. Mo.

17. (a) Removal (b) Date thereof 11/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel, Mississippi

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 11-28-47 (b) C. G. Summers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau **16**  
(If outside city or town limits, write "RURAL") **1**

(d) Street No. 805 N. Boulevard **4**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27,  
year 1947 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov 25<sup>th</sup> 1947 to Nov 27<sup>th</sup> 1947  
that I last saw him alive on Nov 25<sup>th</sup> 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 2

Due to suicidity

Due to Multiple Rheumatoid Arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 597

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 —

23. Signature M. Dehuff (M. D. or other) 0  
Address Cape Girardeau, Mo. Date signed 11/27/47

FEB 24 1948

RECORDED

Health Officer No. 4  
File Number 1247-1500  
Date Filed 12-1-47

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.