

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33138

State File No. _____
Registrar's No. **4112**

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3642 BALES AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3642 BALES AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MABELLE F. VALENTINE
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 7TH
year 1948 hour 2 minute 55 P.M.
21. I hereby certify that I attended the deceased from _____
Nov 19____, to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. EDWARD D. VALENTINE
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased: AUGUST 15 1886
(Month) (Day) (Year)

Immediate cause of death _____
Coronary sclerosis
Due to relapsed sclerosis
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 93d

8. AGE: Years Months Days If less than one day
62 1 23 hr. _____ min.

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace MT PULASKI ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

Major findings: Of operations _____
Of autopsy NO
History of Impaction
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? _____

MOTHER FATHER

11. Industry or business _____
12. Name LEONARD A. FULLER
13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)
14. Maiden name BELLE CONRAD
15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward D. Valentine
(b) Address 3642 Bales Avenue
17. (c) CREMATION (b) Date thereof OCT-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEW COMERS SONS
18. (a) Signature of funeral director D.K. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 10-9-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? James C. Walker (Specify type of place) (a) Means of Injury 3
23. Signature James C. Walker (M. D. or other) _____
Address 1924 1/2 of 1st Date signed 10-8-48

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..... *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address..... *K. C. 4 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.