

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35736**

FILED NOV 29 1948

Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **1259**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **One Week** (Specify whether
In this community **Lifetime** years, months or days)

3. (a) PRINT NAME **Lucille Gladys Valentine**
FULL NAME

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Thomas B. Valentine** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **March 12, 1913**
(Month) (Day) (Year)

8. AGE: Years **35** Months **8** Days **11** If less than one day hr. min.

9. Birthplace **Rover Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Walter Judd**

13. Birthplace **Unknown Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Lyles**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Thomas B. Valentine (Husband)**

(b) Address **510 No. 4th St., City**

17. (a) **Burial** (b) Date thereof **11/24/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery**

18. (a) Signature of funeral director **John C. Rupp**

(b) Address **6054 Pryor Ave., City**

19. (a) **11-26-48** (b) **E. B. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph** //
(If outside city or town limits, write "RURAL")
(d) Street No. **510 No. 4th St.** //
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **23**
year **1948** hour **2** minute **10** a.m.

21. I hereby certify that I attended the deceased from **November 23**, 19 **48** to **November 23**, 19 **48**
that I last saw her alive on **November 22**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage from Bladder**

Due to **Carcinoma of Uteri Cervix with extension to bladder** 7 days
Due to **entrance** 5 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Autopsy

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

(a) Accident, suicide, or homicide (specify) **48H**
(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 **W. W. Jones** (M. D. or other) **XXXX**
Address **The Tootle Building** Date signed **24 Nov 48**

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

MOTHER FATHER

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.....

working under my personal supervision.

Signed....., Registered Apprentice No.....
John E. Rupp
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph, 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.