FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40794

FILED JAN 10 1949

Registration District No. 2

Primary Registration District No. 3043

Registrar's No. 412

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St. Elizabeth Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 602 Bush
(If rural, give location)

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

If yes, name country -----

3. (a) PRINT FULL NAME MARTIN VALENTIK

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 Mary Valentik

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

7. Birth date of deceased December (Month) 16 (Day) 1869 (Year)

8. AGE: Years 79 | Months 0 | Days 9 | If less than one day ..... hr. ..... min.

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

10. Usual occupation retired farmer

11. Industry or business ---

FATHER
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Valentik
(b) Address 602 Bush, Hannibal, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Kathryn A. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 1-4-49 (Date received local registrar) (b) Dr. E. M. Luke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1948 hour 2 minute 30 a.M.

21. I hereby certify that I attended the deceased from 9-19-46, 19..., to 12-25-48, 19...;
that I last saw him alive on 12-25-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to Arteriosclerotic heart disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. L. Greene (M. D. or other)

Address Holmes Bldg. Hannibal, Mo. Date signed 12-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Kenneth R. Sälsman, Registered Apprentice No. 272, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4324

P. O. Address [illegible]

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.