NOV 1 0 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35180
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 1076
(c) City ST. JOSEPH — (d) Street No. 5641 S, 2ND. St.
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE HOWARD VALENTINE
(a) Residence, No. 5641 S. 2ND. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. NETTIE VALENTINE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 2ND. 1861
7. AGE: 77 YEARS — MONTHS: 2 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED BLACKSMITH
9. Industry or business in which work was done, as saw mill, bank, etc. SWIFT & CO.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSLENTOWN PENN.

FATHER
13. NAME HOWARD VALENTINE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSLENTOWN PENN.

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. NETTIE VALENTINE 5641 S.2ND. ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE OCT. 29TH. 1938
19. FUNERAL DIRECTOR (ADDRESS) FLEEMAN AND SON INC. 1946 CALHOUN ST. JOSEPH, MO.
20. FILED Oct 28, 1938 A J Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 27TH. 1938
22. I HEREBY CERTIFY, That I attended deceased from Viewed Oct 27th, 1938, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:
Acute Coronary Thrombosis — Date of onset
94 12-
Other contributory causes of importance: Arterio Sclerosis
Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)