

No. 2
4-13-40
5-17-39
K X2315

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1001

State File No. **10155**
Registrar's No. **357**

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

APR 15 1941
Registration District No. _____

Primary Registration District No. _____

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 1 Day (Specify whether years, months or days)
In this community 13 Days

3. (a) PRINT FULL NAME GENEVIEVE VALENCIA
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 Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 14th. 1941
(Month) (Day) (Year)

8. AGE: Years 10 Months 0 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business _____

MOTHER FATHER
12. Name Manuel J. Valencia
13. Birthplace Unknown Mexico
(City, town, or county) (State or foreign country)
14. Maiden name Mary Susan Ramirez
15. Birthplace Independence Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Manuel J. Valencia
(b) Address 2220 S. 9th. St. Joseph, Mo.
17. (a) Burial (b) Date thereof 3--29--41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph, Mo.
19. (a) 3/29/41 (b) H. J. Neathus
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 11
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2220 S. 9th.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 28th.
year 1941 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Mar 25, 1941, to Mar 28, 1941;
that I last saw her alive on Mar 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death pneumococcus meningitis
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? 85
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. J. Neathus (M. D. or other) Chas.
Address 620 + main Date signed 3-28-41

1947

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: *Carl W. Hans*

Licensed Embalmer No. *3955*

P. O. Address: *St. Louis, 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.