

18854

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2
42
39
X32875

FILED JUN 14 1943

Registration District No. 277

Primary Registration District No. 3057

Registrar's No. 34

1. PLACE OF DEATH:

(a) County... **Ray Richmond**
(b) City or town...
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether
In this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Ray**
(c) City or town... **Richmond**
(If outside city or town limits, write "RURAL")
(d) Street No... **349 South Shaw**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country...

3. (a) PRINT **John Valkema**
FULL NAME

3. (b) If veteran, **No.** 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 Wade**
6. (c) Age of husband or wife if alive... **No.** years
7. Birth date of deceased... **Sept. 20 1864**
(Month) (Day) (Year)

8. AGE: **78** Years **8** Months **9** Days
If less than one day
hr. min.

9. Birthplace... **Stephen Co. Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Miner**

11. Industry or business...

12. Name... **Nicholas Valkema**

13. Birthplace... **Holand 4**
(City, town, or county) (State or foreign country)

14. Maiden name... **Annie Dueslar**

15. Birthplace... **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant... **C. O. Garrett**
Richmond Mo.

(b) Address... **Burial**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof... **May. 30. 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation... **Richmond Mo.**

18. (a) Signature of funeral director... **Richmond Mo.**

(b) Address...
19. (a) **May 29 1943** (b) **Ms. Shus. W. Shipp**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **May** day... **28**
year... **1943** hour... minute... P. M.
21. I hereby certify that I attended the deceased from **May 3**
19**43** to **May 28** 19**43**
that I last saw him alive on **May 28** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death... **Pulmonary pneumonia**
Duration

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?

While at work... (Specify type of place) (c) Means of injury
Signature... **W. E. Thompson** (M. D. or other) **M.D.**
Address... **Richmond Mo.** Date signed **5-28-43**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-11-43

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, ##

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. M. [Signature]

Licensed Embalmer No. 2073

P. O. Address Richmond 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 277

Primary Registration District No. 3057

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Ray

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jahn Valkema

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MD 8
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 20 1866
(Month) (Day) (Year)

Immediate cause of death pulmonary pneumonia

Duration _____

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

Due to Lobar

Due to _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER {

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature E. E. [unclear] (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

MD 8

108

E. E. [unclear] M. D. or other

M. D. Elmer & Gay
Richmond, M

S-18834