

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED JUL 9 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 721

Registration District No. 42

Primary Registration District No. 1000

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:
215 1/2 W. Hyde Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime
(Specify whether
In this community Lifetime
years, months or days)

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. 215 1/2 W. Hyde Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IVA MARIE VALENTINE

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.
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased December 28, 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Charles R. Stiman

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

14. Maiden name Artha Adams

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

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

(b) Address 215 1/2 W. Hyde Park

17. (a) Burial (b) Date thereof 6/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

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

(b) Address 6054 Prior Ave., City

19. (a) June 25, 1946 (b) J. Meathel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 23,
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from
June 23, 1946, to June 23, 1946
that I last saw her alive on June 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute mitral insufficiency 2 days
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?
_____ (Specify type of place)

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

23. Signature F. J. ... (M. D. or other) _____
Address 109 W. ... Date signed 6/24/46
St. Joseph, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
18457

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 *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.