

FILED JUN 18 1947

Registration District No. **285**

Primary Registration District No. **5976**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County **Polk**  
(b) City or town **Walnut Grove, R1 Rural, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Rural Jackson Township**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)  
In this community **17 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**  
(c) City or town **Wlanut Grove, Mo. R1 Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural Jackson Township**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Vallencia T. Pursley**

3. (b) If veteran, name war **nil**  
3. (c) Social Security No. **nil**

4. Sex **Female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **J.C. Pursley**  
6. (c) Age of husband or wife if alive **dec.** years  
7. Birth date of deceased: **84** (Month) **4** (Day) **1862** (Year)

8. AGE: Years Months Days If less than one day  
**84** **4** **14** hr. min.

9. Birthplace **Glasgow** **Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **homemaker**

MOTHER FATHER { 12. Name **Smith Wells**  
13. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Hulda Rogers**  
15. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frank Parrish**  
(b) Address **Walnut Grove, Mo. R1**

17. (a) **Burial** (b) Date thereof **May 12 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Grove Cemetery**

18. (a) Signature of funeral director **Gene A. Brown**

(b) Address **Walnut Grove, Mo.**

19. (a) **5-10-47** (b) **Willie Fruege**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9**  
year **1947** hour **8** minute **30** p.m.

21. I hereby certify that I attended the deceased from **December 146** to **May 9**, 19 **47**  
that I last saw her alive on **May 9**, 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Transition in Arteriosclerosis**  
Duration

Due to **Senility**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **M**  
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) (e) Means of injury

23. Signature **J. J. Lober** (M. D. or other)  
Address **Walnut Grove, Mo.** Date signed **5-10-1947**

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.....

*Ray Miller*

....., Registered Apprentice No. *759*

working under my personal supervision.

Signed.....

*Gene A. Brinn*

Licensed Embalmer No. *2664*

P. O. Address.....

*Walnut Grove*

**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.**