

FILED JUL 3 1948
Registration District No. **49**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3701 Gardner
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Valentine DUCOULOMBIER

3. (b) If veteran, name war no

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 Leon Ducoulombier

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 23 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>0</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Emil Verheye

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Claude Hall

(b) Address 2611 Elmwood, K. C., Mo.

17. (a) Burial (b) Date thereof 6-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral home Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 6-21-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1948 hour 5 minute 20 A.M.

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

Immediate cause of death Skull Fracture

Due to _____

Due to _____

Other conditions stroke
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no
History + Impression

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 6-29-48

(c) Where did injury occur? no fracture
(City) (town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) about home
(e) Means of injury fall

23. Signature Jamell Walker (M. D. or other) Com
Address 1424 1/2 St. N.W. Date signed 6-21-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Glen E. Heck

.. .. Licensed Embalmer No. 4063

P. O. Address. Kansas City, 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.