

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27079  
State File No. ....  
3397

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>35 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>5916 CYPRESS PLACE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRANCIS</b>	b. (Middle) <b>T.</b>	c. (Last) <b>VALLEAU</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG - 4 - 1949</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN-19-1885</b>	9. AGE (In years last birthday) <b>64 YEARS</b>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>SANBORN IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRANCIS T. VALLEAU</b>	13b. MOTHER'S MAIDEN NAME <b>ANGIE TEROTET</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. FLORENCE I. VALLEAU</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-14-9351</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS FLORENCE I. VALLEAU</b>	ADDRESS <b>5916 CYPRESS PLACE KANSAS CITY, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Miliary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Tuberculosis Peritonitis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:10 P.M.**, from the causes and on the date stated above.

23. SIGNATURE <b>Russell W. Kerr</b>	(Degree or title)	23b. ADDRESS <b>St. Joseph Hospital</b>	23c. DATE SIGNED <b>Aug 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG-8-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>8-16-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-5-30

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address H. C. 4 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.