

Daviess County

Scrivner, Valentine Harrison (4 Jul 1841 - 16 Feb 1947) Buried Red Cloud Nebraska. Lived in Gallatin for the last 25 years of his life. Service: 8th KY Inf Co A & C.

No. 2
-12-45
5-17-39
X470

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4428

FILED MAR 10 1947

Registration District No. 98

Primary Registration District No. 4165

State File No. _____

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution:

(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)

In this community 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin 5
(If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME Valentine Harrison Scriver

3. (b) If veteran, name war Civil War 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1947 hour 3 minute 25 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Malissa Scriver 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased July 4 1841
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 15 to Feb. 15 1947
that I last saw him alive on Feb. 15 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
105 7 12 hr. min.

Immediate cause of death Senile Arterial Hypertension / Myo

Due to _____

Due to _____

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

9. Birthplace Estill County Kentucky
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER { 12. Name John Scriver

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

14. Maiden name Unknown

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

16. (a) Informant Oscar Scriver

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

(b) Address Haigler, Nebraska

(c) Accident, suicide, or homicide (specify) _____

17. (a) Removal (b) Date thereof 2-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Date of occurrence _____

(c) Place: burial or cremation Red Cloud Nebraska

(e) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Hope Funeral Home

While at work (Specify type of place) _____ (b) Means of injury 0

(b) Address Gallatin, Mo.

23. Signature Hope E. Helms (M.D. or other) _____

(a) 2-17-47 (b) Virginia M. Engelhart
(Date received local registrar) (Registrar's signature)

Address Gallatin Mo Date signed 2-16-47