

FILED NOV 27 1946
 299

Registration District No. **299**

Primary Registration District No. **3056**

Registrar's No. **236**

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

1. PLACE OF DEATH
 (a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 410 Taylor St. 3
(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 2 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Clifton Hill
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James William Vallee
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Sarah Vallee 6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased October 27 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Chariton County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Moses Vallee

13. Birthplace Roanoke (rural) Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Davis

15. Birthplace rural Roanoke Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Verlin Mason

(b) Address 410 Taylor St. Moberly Mo.

17. (a) burial (b) Date thereof 11-14-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury City Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Salisbury Mo.

19. (a) Nov 12-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1946 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from 11/12 1946 to 11/12/46, 19____; that I last saw him alive on 11/12/46, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Sudden

Due to Chronic Endocarditis card

Due to _____

Other conditions Arteriosclerosis & Senility
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations _____
 Of autopsy God
 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)
 Means of injury 2

23. Signature [Signature] (M. D. or other) M.D.
 Address 3225 West Reed, Moberly Date signed 11/12/46

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DEC 5 1946

RECEIVED
District Health Officer No. 10
District File No. 46-2144
NOV 26 1946
Date Filed

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..... *Chris B. Weikelmeyer*
Licensed Embalmer No. *3842*
P. O. Address..... *Salisbury, 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.