

FILED JUN 17 1948

Registration District No. 273

Primary Registration District No. 5913

State File No. _____

Registrar's No. 40

1. PLACE OF DEATH:

- (a) County Perry
(b) City or town Rural Bois Brule Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mc Bride R.I.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAMEFelix Joseph Valleroy3. (b) If veteran,
name war _____3. (c) Social Security
No. 490-28-5068

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Rose L. Valleroy
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased August 27, 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 4 If less than one day
hr. _____ min. _____

9. Birthplace Perry County Mrs. O
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Joseph Valleroy
13. Birthplace Perry County Mrs. O
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Valleroy
15. Birthplace Perry County Mrs. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Valleroy

- (b) Address Mc Bride, R.I.

17. (a) Burial (b) Date thereof 6-3-1948
(Burial, cremation, or other) (Month) (Day) (Year)

- (c) Place: burial or cremation Mt. Hope Cemetery

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

- (b) Address Perryville, Mo.

19. (a) 6-1-48 (b) Joe J. Zeller
(Date received local order) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Perry 79
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Mc Bride R.I.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1948 hour 11:30 minute PM

21. I hereby certify that I attended the deceased from May 10 1948
_____, 19____, to May 31, 1948
that I last saw him alive on May 10, 1948
and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary Thrombosis Duration 1/2 hr

- Due to Unicose Virus quite
general

- Due to _____

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

- Major findings: _____

- Of operations _____

- Of autopsy _____

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 _____

23. Signature Wey (M. D. or other) _____

- Address Perryville Mo Date signed 6-1-48

RECEIVED

District Health Officer No. 4
District File Number 648-725
Date Filed 6-16-48

FEB 25 1949

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.....

Licensed Embalmer No. 3866

P. O. Address Terrynville, Miss.

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.