

No. 2
-8-43
5-17-39
K37823

FILED DEC 9 1946
Registration District No. **143**

Primary Registration District No. **5558**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: 1

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

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

(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 Randy Bruce Valhenari

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced C.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 17 1946
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|----------|----------------------|
| Years | Months | Days | If less than one day |
| | | <u>7</u> | hr. _____ min. |

9. Birthplace Christy Logan Hospital, West Plains, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER

11. Industry or business _____

12. Name Victor Valhenari

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

14. Maiden name Bunns Ann Denny

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

16. (a) Informant Jerry Smith

(b) Address Willow Springs

17. (a) Willow Springs, Mo. (b) Date thereof Nov 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs, Mo.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-29-46 (b) Tha McMillan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 7 pm Nov. 24
1946 to 10 pm Nov. 24, 1946

that I last saw him in alive on Nov. 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Peritonitis 3 or 4 days

Due to Unknown

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 159

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)

(c) Means of injury _____

23. Signature Thomas T. Farnico (M. D. or other) D.O.

Address Willow Springs, Mo. Date signed Nov. 25, 46

RECEIVED

District Health Officer No. 5,

District File Number 1246669

Date Filed 12-6-46

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.

*This case was not
not embalmed.*

Signed J.C. Burns

Licensed Embalmer No. 3379

P. O. Address Hillaw Spring, 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.