DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18765

Registration District No. 71 Primary Registration District No. [illegible] Registrar's No.

1. PLACE OF DEATH:
(a) County Pulaski.
(b) City or town Ft. Leonard Wood, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Station Hospital, Ft. Leonard Wood, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days. (Specify whether
In this community 25 Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Minnesota. (b) County Ramsey.
(c) City or town St. Paul.
(If outside city or town limits, write "RURAL")
(d) Street No. 531 Marion St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James E. Achterling.
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased April (Month) 3 (Day) 1919. (Year)

8. AGE: Years 22 Months 1 Days 26 If less than one day hr. min.

9. Birthplace St. Paul, (City, town, or county) Minnesota. (State or foreign country)
10. Usual occupation Soldier - U. S. Army.
11. Industry or business Corp. Co. "D" 3rd Infantry.

FATHER
12. Name George Achterling.
13. Birthplace St. Paul, (City, town, or county) Minnesota. (State or foreign country)

MOTHER
14. Maiden name Mary Connell.
15. Birthplace Chicago, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Army Records.
(b) Address Co. "D" 3rd Infantry.
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul, Minnesota.
18. (a) Signature of funeral director Lou A. Clark
(b) Address Rolla, Missouri.
19. (a) May 30, 1941. (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1941 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from May 20, 1941, to May 29, 1941; that I last saw him alive on May 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Contusion, diffuse, brain, severe, due to automobile accident.	9 Days.
Due to Same as above	
Due to same as above	
Other conditions Pneumonia, bronchial, bilateral. (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy Same as above.	

PHYSICIAN

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) Auto accident.
(b) Date of occurrence May 20, 1941.
(c) Where did injury occur? Near Crocker, Pulaski, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway.
While at work? No (Specify type of place) (e) Means of injury Auto accident

23. Signature A. ROGERS, 1st Lt. M. C. (M. D. or other)
Address Ft. Leonard Wood, Missouri. Date signed 5/30/41

(Licensed Embalmer's Statement on Reverse Side)

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

S-18766 1941

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.