

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

187667

Registration District No. 713

Primary Registration District No. 5942

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

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 (Day) (Year)

7. Birth date of deceased April 3 1919.
(Month) (Day) (Year)

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

9. Birthplace St. Paul, Minnesota.
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier - U. S. Army.11. Industry or business Corp. Co. "D" 3rd Infantry.

MOTHER FATHER { 12. Name George Achterling.
13. Birthplace St. Paul, Minnesota.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Connell,
15. Birthplace Chicago, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Army Records.(b) Address Co. "D" 3rd Infantry.17. (a) Removed (b) Date thereof MAY 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Paul, Minnesota.18. (a) Signature of funeral director Low A. Clerk(b) Address Rolla, Missouri.19. (a) May 30, 1941. (b) C. Rogers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota. (b) County Ramsey. 999
(c) City or town St. Paul. 21
(If outside city or town limits, write "RURAL") 0
(d) Street No. 531 Marion St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

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.

Immediate cause of death Contusion, diffuse,
brain, severe, due to automobile 9 Days.
accident.

Due to Same as aboveDue to same as above

Other conditions Pneumonia, bronchial, bilateral.
(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy Same as above.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) Auto accident 085
(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 C. Rogers (M. D. or other) Dr. D
Address Ft. Leonard Wood, Missouri Date signed 5/30/41.

RECEIVED

Pulaski County Health Officer

File Number 64115

Date Filed 6-13-41

17026
98

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

W. E. Licklider

Licensed Embalmer No.

1970

P.O. Address

James M.

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18766

Registration District No. 713

Primary Registration District No. 2942

Registrar's No.

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Cullen T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 NAMEJames E. Achterling

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. 8

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive. year

7. Birth date of deceased.

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

26126hrmin.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year hour minute M.21. I hereby certify that I attended the deceased from
19 to 19;

that last saw him alive on 19;

and that death occurred on the date and hour stated above.

Immediate cause of death Contusion, Durationdiffuse brain severe,due to auto. accident,due to collision of auto withanother auto on Statemaintained highway (Mo. 17)Other condition Pneumonia Bronchia

(Include pregnancy within 3 months of death)

Bilateral

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) acc(b) Date of occurrence May 20 1941(c) Where did injury occur? Near Cullen Pulaski Co. Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Hwy Mo. #17

(Specify type of place)

While at work? (e) Means of injury

23. Signature E. A. Rogers (M. D. or other M.D.)Address 7. Leonard Wood Mo Date signed 8-14

S-18766 - 1941