No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21990

State File No.

FILED JUL 7 1941

Registration District No. Primary Registration District No. 4267

Registrar's No.

1. PLACE OF DEATH:
(a) County: LACLEDE
(b) City or town: LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Two Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: IOWA (b) County: 999
(c) City or town: MONTICELLO 12 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? No 2 years

3. (a) PRINT FULL NAME: CHARLES E. BENDER
3. (b) If veteran, name war:
3. (c) Social Security No. None
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: November (Month) 30 (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
21	6	7	hr. min.

9. Birthplace: supposed to be Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: SOLDIER
11. Industry or business: U. S. ARMY

MOTHER / FATHER
12. Name: Unknown / Unknown
13. Birthplace: Unknown (City, town, or county) / Unknown (State or foreign country)
14. Maiden name: Unknown / Unknown
15. Birthplace: Unknown (City, town, or county) / Unknown (State or foreign country)

16. (a) Informant: Army Records
(b) Address: Fort Leonard Wood Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: MONTICELLO-IA
18. (a) Signature of funeral director: Lou Clark
(b) Address: Rolla Mo. 4-01
19. (a) 6-10-41 (Date received local registrar) (b) J. A. McCauley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1941 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from — , 19__, to — , 19__; that I last saw him alive on — , 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Contusion, multiple, severe, brain, due to automobile accident — Duration

Due to:

Due to:

Other conditions: — (Include pregnancy within 3 months of death)

Major findings: Of operations: —

Of autopsy: performed and diagnosis confirmed.

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): accident
(b) Date of occurrence: June 7, 1941 0115
(c) Where did injury occur? near Lebanon Laclede Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway - U.S. 66 (Specify type of place)
While at work? No (e) Means of injury: Automobile

23. Signature: Earl C. Rogers (M. D. or other) M.D.
Address: Fort Leonard Wood, Mo Date signed 6/9/41

(Licensed Embalmer's Statement on Reverse Side)

170 e 96

S-18230

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1145
Date Filed 7-10-41

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 Wm J Lickliden

Licensed Embalmer No. 3191

P. O. Address St James, 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.

U. S. No. 2B
500—4-25-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21990

Registration District No. 449 Primary Registration District No. 4267 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County
(c) City or town Monticello
(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

3. (a) PRINT FULL NAME Charles E. Bender
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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
FATHER
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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19..., to , 19...; that I last saw him alive on , 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Contusion, multiple severe brain dis. to automobile accident
Due to on state maintained highway
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy performed and diagnosis confirmed

Duration

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) accident
(b) Date of occurrence June 7, 1941
(c) Where did injury occur? near Lebanon (City or town) Laclede (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway U.S. 66 (Specify type of place)
While at work? no (e) Means of injury Automobile collision with truck
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

Dan A. Wood, MD.
Fort Leonard Wood, MO.

S-18230