

Registration District No. 713

Primary Registration District No. 5942

Registrar's No. 713

1. PLACE OF DEATH: Pulaski
 (a) County Pulaski
 (b) City or town Fort Leonard Wood
 (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 21 days
 years, months or days

3. (a) PRINT FULL NAME Julius A. Hakes
 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 21st 1921
 (Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Tipton Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Soldier
 11. Industry or business U.S. Army

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

16. (a) Informant U.S. Army Records
 (b) Address Fort Leonard Wood, Mo

17. (a) Removal (b) Date thereof 6-22-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Plainville, Kans.

18. (a) Signature of funeral director John Clark
 (b) Address Funeral, Mo

19. (a) 6/22/41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County 999
 (c) City or town Plainville (If outside city or town limits, write "RURAL") 14
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
 year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from June 21, 1941, to June 21, 1941,
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia due to drowning
 Due to _____
 Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy Drowning asphyxia

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 city
 (b) Date of occurrence June 21, 1941
 (c) Where did injury occur? Gossamer River Embankment Waycross, Va
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place) _____
 (e) Means of injury _____

23. Signature Warner Powers Capt m c o (M. D. or other)
 Address 1201 Hop St Leonard Wood Mo Date signed June 21, 1941

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

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.