DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22457

Registration District No. 713 Primary Registration District No. 5942 Registrar's No.

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

1. PLACE OF DEATH:
(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: Station Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community Six Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski
(c) City or town Fort Leonard Wood
(If outside city or town limits, write "RURAL")
(d) Street No. Military Reservation
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alvin C. Mc Kenzie

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 May (Month) 31 (Day) 1915 (Year)

8. AGE: Years 26 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Dancy (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U.S.Army

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Erie
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Military Records
(b) Address Fort Leonard Wood, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Dancy, Wisconsin

18. (a) Signature of funeral director Lou H. Black
(b) Address Rolla Missouri

19. (a) July 3, 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1941 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from July First 19 to July 2nd 1941 that I last saw him alive on July 2nd 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Embarassment due to Media Styral Emphysema — Duration
Due to Self inflicted transverse wound of neck. — 1 Day
Due to
Other conditions Hemorrhage, Severe Pneumothorax, bilateral Trachea nearly
(Include pregnancy within 3 months of death)
Major findings: Of operations severed below Cricoid Severed Ant. Juglar Vein.
Of autopsy 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) Suicide
(b) Date of occurrence July First 1941
(c) Where did injury occur? Ft. Leonard Wood (City or town) Pulaski (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Military Reservation (Specify type of place)
While at work? No (e) Means of injury Knife

23. Signature Wallace H. Graham (M. D. or other)
Address Fort Leonard Wood, Mo Date signed 7-1-41

(Licensed Embalmer's Statement on Reverse Side)

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 Lou H. Clark

Licensed Embalmer No. 4216

P. O. Address Rolla, Mo.

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.

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STANDARD CERTIFICATE OF DEATH

State File No. 22457

Registration District No. 713 Primary Registration District No. 5942 Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood (If inside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Fort Leonard Wood (If inside city or town limits, write "RURAL")

(d) Street No. Btry A-T, 1st Bn, 182nd F.A. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alvin C. McKenzie

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 Unknown

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 31 (Day) 1915

8. AGE: Years	Months	Days	If less than one day
26	1	2	hr. min.

9. Birthplace Danco, Wis (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Soldier - Private

11. Industry or business U. S. Army

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Effie
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Army Records
(b) Address Hq. 182nd F.A., Ft. Leonard Wood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Danco, Wisconsin

18. (a) Signature of funeral director Zow Stark
(b) Address Rolla Funeral Home, Rolla, Mo.

19. (a) July 3, 1941 (Date received at registrar's) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1941 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 1, 1941 to July 2 1941; that I last saw him alive on July 2 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac embarrassment due to mediastyeal emphysema.	
Due to Self inflicted transverse wound of neck.	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death) Hemorrhage, severe, pneumothorax, bilateral.	
Major findings: Of operations Trachea nearly severed below cricoid. Severed ant jugular vein.	
Of autopsy 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) suicide
(b) Date of occurrence July 1, 1941
(c) Where did injury occur? Ft. Leonard Wood (City or town) Pulaski (County) I (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Military reservation (Specify type of place)
While at work? No (e) Means of injury knife

23. Signature H. H. Graham (M. D. or other) M.D.
Address Station Hospital Date signed 7/3/

(Licensed Embalmer's Statement on Reverse Side)

S-22457

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.