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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

State File No. 22460

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, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bldg #1964 Ft. Leonard Wood, Mo.
(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 1/2 Months

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

3. (a) PRINT FULL NAME Floyd J. Schneider
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 September (Month) 25 (Day) 1918 (Year)

8. AGE: Years 22 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Stoneham (City, town, or county) Colorado (State or foreign country)
10. Usual occupation Soldier - U.S. Army - 6277185
11. Industry or business Co. B. 27th BN, ERTC
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Army Records
(b) Address Ft. Leonard Wood, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Lou Black
(b) Address Rolla Funeral Home, Rolla
19. (a) 7/9/41 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1941 hour one minute A.M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture, Brain Hemorrhage, Avulsion Brain
Due to Gun Shot Wound
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same As Above

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) Suicide
(b) Date of occurrence July 8, 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 Gun Shot
23. Signature F. H. Graham (M. D. or other) M.D.
Address Ft. Leonard Wood, Mo. Date signed 7-9-41

(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.