

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 24 1941 See also 25917-41

MISSOURI STATE BOARD OF HEALTH

## STANDARD CERTIFICATE OF DEATH

State File No. 22464

Registration District No. 713 Primary Registration District No. 5-4-7 Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Pulaski  
(b) City or town Fort Leonard Wood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Big Piney River  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 2 months  
years, months or days)

## 3. (a) PRINT

FULL NAME Williams, Calvin Jr.

## 3. (b) If veteran,

name war --

## 3. (c) Social Security

No. --

## 4. Sex

Male

## 5. Color or

race Colored

## 6. (a) Single, widowed, married,

divorced Single

## 6. (b) Name of husband or wife

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## 6. (c) Age of husband or wife if

alive -- years

## 7. Birth date of deceased

February61918

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

23514--

hr.

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min.

## 9. Birthplace

LongbridgeLouisiana

(City, town, or county)

(State or foreign country)

## 10. Usual occupation

Private - U.S. Army 38056197 (SS)

## 11. Industry or business

Co B, 35th Bn ERTC

## 12. Name

Calvin Williams

## 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

Army Records

## (b) Address

Fort Leonard Wood, Missouri

## 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 Rolla Funeral Home, Rolla, Mo.

## 19. (a)

(Date received local registrar)

## (b)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Texas (b) County Unknown  
(c) City or town Houston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1313 Sydnor  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1941 hour 9 minute 20 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 Asphyxia

Duration

Due to Drowning

Due to --

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Edema of lungs. Multiple petechial of serous surfaces.

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

- (a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence July 20, 1941  
(c) Where did injury occur Ft. Leonard Wood, Pulaski, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

641 Military reservation  
(Specify type of place)

While at work? No (e) Means of injury Drowning

23. Signature E. H. Rogers (M. D. or other)

Address Fort Leonard Wood, Mo. Date signed 7/20/41

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**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 with the above constitutes grounds for revocation of license.)**

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22464

Registration District No. 713

Primary Registration District No. 5942

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Pulaski  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Calvin Williams, Jr.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race B 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 year \_\_\_\_\_ hr. \_\_\_\_\_ min.

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) Removal (b) Date thereof 7-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horton Lodge

18. (a) Signature of funeral director Low Clark

(b) Address Kalla - Mrs

19. (a) 7/21/41 (b) Don Clark  
(Date received local registrar) (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 July day 20  
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 \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

PHYSICIAN \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_

Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-22464