DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 8 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25905

Registr ct No. 713 Primary Registration District No. 5942 Registrar's No. 18

1. PLACE OF DEATH:
(a) County ~~Laclede~~ Camden
(b) City or town ~~Fort Leonard Wood, Mo~~ Lebanon, Mo. Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Station Hospital, Ft. Leonard Wood, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 2½ months

2. USUAL RESIDENCE OF DEACEASED:
(a) State Oklahoma (b) County Unknown 999
(c) City or town Durant 34
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. # 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country – –

3. (a) PRINT FULL NAME James B. Smith Sgt.
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 Married
6. (b) Name of husband or wife Mrs. James Smith, Lebanon, Mo.
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July (Month) 9 (Day) 1920 (Year)

8. AGE: Years 21 Months – Days 28 If less than one day – hr. – min.

9. Birthplace Attla (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Soldier-U.S.Army-6293262
11. Industry or business Company A, 20th Infantry
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Hattie
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Military Records
(b) Address Fort Leonard Wood, Missouri.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 8th 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Durant, Okla
18. (a) Signature of funeral director Lou Clark
(b) Address Rolla Funeral Home, Rolla, Mo.
19. (a) 8/7/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

641 (Licensed Embalmer's Statement on Reverse Side)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1941 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8/6/41, 19..., to 8/7/41, 19...; that I last saw him alive on 8/7/41, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Multiple contusions and lacerations of the brain, traumatic. | 34 hrs |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy Multiple hemorrhages in brain.

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 August 6, 1941.
(c) Where did injury occur? Highway 66, East of Lebanon, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place. (Specify type of place)
While at work? No (e) Means of injury Auto accident

23. Signature Lyman L. Richardson (M. D.)
Address Sta Hosp, Ft. Leonardwood, Mo. Date signed 8/7/41

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

RECEIVED
Pulaski County Health Officer
File Number 841-32
Date Filed 8-15-41

## 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 Lon 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 compl the above constitutes grounds for revocation of license.)**

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

No. 2B
8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25-905

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: ~~Laclede~~ 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 (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME: James B. Smith
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: M
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 FATHER
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) (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 Aug. Day
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: Multiple Contusions and lacerations of the brain, traumatic
Due to: Auto accident which occurred when Military Police truck was struck by a Passenger Bus
Due to:
Other conditions (Include pregnancy within 3 months of death): None
Major findings: Of operations:
Of autopsy: Multiple hemorrhages in brain

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 - auto
(b) Date of occurrence: Aug 6, 1941
(c) Where did injury occur? Highway 66 E. of Lebanon Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - state maintained highway (Specify type of place)
While at work? No (e) Means of injury: auto accident

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY