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K28390

FILED AUG 18 1941
Registration District No. 713

State File No. _____
Registrar's No. 27

Primary Registration District No. 6742

1. PLACE OF DEATH:

(a) County Pulaski *Culture Times*

(b) City or town Rural - 2 mi East of Hazelgreen, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None *3*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 2 1/2 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Unknown *799*

(c) City or town Chriesman *41*
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown *0*
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ *2.*

3. (a) PRINT FULL NAME Elihue Jones

3. (b) If veteran, -- name war --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1941 hour 1 minute -- AM.

21. I hereby certify that I attended the deceased from -- -- 19-- to -- -- 19--;

4. Sex Male *2* 5. Color or race Colored

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 October 25 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 9 15 - hr. - min.

that I last saw him -- alive on -- -- 19--;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock & Hemorrhage due to fractured femur, bilateral, fract. ramos of mandible, left. *Sudden*

~~xxx~~ Fract. of left humerus. Fract. of clavicles, bilateral.

Due to Head-on collision between army truck and a semi-trailer truck. *1/2*

Other conditions ---
(Include pregnancy within 3 months of death)

9. Birthplace Chriesman Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Pvt - Soldier - U. S. Army

11. Industry or business Co A, 34th Bn ERTC 38031981

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Sarah Jones
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Military Records

(b) Address Ft. Leonard Wood, Mo.

17. (a) Removal (b) Date thereof 8-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caldwell, Texas

18. (a) Signature of funeral director Don Clark

(b) Address Rolla Funeral Home, Rolla, Mo.

19. (a) 8/12/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: None performed. *MOC*

Of operations ---

Of autopsy None performed. *1/2*

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 *1/2*

(b) Date of occurrence August 10, 1941.

(c) Where did injury occur? 2 mi. E. of Hazelgreen, Pulaski, Mo.
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury Truck

23. Signature William R. Lubart (M.D. or other)
Address Sta Hosp, Ft. Leonard Wood, Mo. Date signed 8/11/41

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

RECEIVED

Pulaski County Health Officer

File Number 841-33

Date Filed 8-15-41

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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.....

Low H. Clark

Licensed Embalmer No. 4216

P. O. Address

Tolla M

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.