

2
-41
39
26390

WED AUG 18 1941

Registration District No. **713**

Primary Registration District No. **37942**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County Pulaski *Cullerton Twp*

(b) City or town Rural 2mi 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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Unknown *999*

(c) City or town Akron *33*
(If outside city or town limits, write "RURAL")

(d) Street No. 487 Clover Street. *0*
(If rural, give location)

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

If yes, name country - - *2,*

3. (a) PRINT FULL NAME Frank Twitty

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

3. (c) Social Security No. - -

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 May 24 1917
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>24</u>	<u>2</u>	<u>16</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Unknown / South Carolina
(City, town, or county) (State or foreign country)

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

11. Industry or business Co C, 92nd Engrs. 35022790

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown *9*
(City, town, or county) (State or foreign country)

14. Maiden name Lulu Twitty

15. Birthplace Unknown *9*
(City, town, or county) (State or foreign country)

16. (a) Informant Military Records

(b) Address Ft. Leonard Wood, Missouri.

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

(c) Place: burial or cremation Akron, Ohio

18. (a) Signature of funeral director Low Clark

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

19. (a) 8/12/41 (b) C. Crayton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

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

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

Immediate cause of death Shock. *Duration Sudden*

Due to Severe burns - entire body. Amputation, traumatic, rt tibia & fibula.

Due to Head-on collision between army truck and a semi-trailer truck.

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

Major findings: None performed.

Of operations None performed. *1/10/41*

Of autopsy None performed.

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 10, 1941. *083*

(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. Eubank M.D. (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 841-42

Date Filed 8-15-41

OCT 6 1941

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. H-216

P. O. Address Kolla 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.