

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32315

Registration District No. 712

Primary Registration District No. 4137

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Fort Leonard Wood, Missouri  
(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 28 1/2 hours  
(Specify whether  
In this community 2 1/2 months. 0  
years, months or days)

3. (a) PRINT FULL NAME Private Franklin E. Catlin

3. (b) If veteran, -- 3. (c) Social Security name war -- No.

4. Sex Male 0 5. Color or race White 0  
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 February 23 1919  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 6 10 -- hr. -- min.

9. Birthplace Terre Haute Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-36008921

11. Industry or business Battery C, 182nd F. A.

12. Name Rueben Catlin

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

14. Maiden name Margaret Catlin

15. Birthplace Omaha Illinois  
(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 SEPT 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TERRE HAUTE, IND

18. (a) Signature of funeral director Rolla Mo.

(b) Address Rolla Mo.

19. (a) 9-4-41 (b) (c) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Unknown  
(c) City or town Chicago  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1900 West Berwyn  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3  
year 1941 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9/2/41, 19, to 9/3/41, 19;  
that I last saw him alive on 9/3/41, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of middle meningeal artery with extra dural hematoma, Duration 3 hrs.

Due to Fractured Skull,  
accidentally incurred when rim flew  
off wheel of Army truck as he  
was inflating tire.

Other conditions Contra coupe subdural and  
(Include pregnancy within 3 months of death)  
subpial hemorrhage.

Major findings: as above

Of operations as above

Of autopsy as above

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

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

(b) Date of occurrence September 2, 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?  
Military Reservation

While at work? Yes (Specify type of place) (e) Means of injury Rim of tire

23. Signature Lynna P. Mohr (M.D. or other) MD

Address Sta Hosp, Ft Leonard Wood, MO. Date signed 9/4/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

aski County Health Officer

Number 1081-47

Date Filed 10-6-48

JUN 11 1947

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 *Kalle, M.*

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.