

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39171

State File No.

Registration District No. DEC 2 1941 713

Primary Registration District No. 5942

Registrar's No.

1. PLACE OF DEATH:

(a) County 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 27 days
(Specify whether
In this community 3 months 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Carolina (b) County Unknown
(c) City or town Rocky Mount
(If outside city or town limits, write "RURAL")
(d) Street No. 920 Lehigh Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1941 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from November 8, 1941
to December 5, 1941;
that I last saw him alive on December 5, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Pott's disease of spine. Tubercular meningitis.

Duration

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy.....

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).....
(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 C

23. Signature St Leonard P. Bern, Jr. (M. D. or other) MD
Address St Hosp, Ft. Leonard Wood, No. Date signed 12/6

3. (a) PRINT FULL NAME David L. Hines (Private)

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 December 30 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 11 5 - -
hr. min.

9. Birthplace Rocky Mount North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-34119754

11. Industry or business Co B, 34th Bn ERTC

12. Name Mark Hines

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

14. Maiden name Missouri M.

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

(c) Place: burial or cremation Rocky Mount, N.C.

18. (a) Signature of funeral director Stan Clark

(b) Address Rolla Funeral Home, Rolla, Mo

19. 12-7-41 (b) appalled
(Date received local registrar) (Registrar's signature)

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

(24)

RECEIVED

Pulaski County Health Officer

File Number 1241-75

Date Filed 12-17-41

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.....

Licensed Embalmer No. 4216

P. O. Address Kalla 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.