

No. 2
1-4-41
17-39
X28390

STANDARD CERTIFICATE OF DEATH

39173

State File No.

Registration District No. 713

Primary Registration District No. 5942

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood, Missouri
(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 1 hour 50 minutes
8 months, 10 days. (Specify whether years, months or days)

In this community 8 months, 10 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County unknown

(c) City or town Stockton
(If outside city or town limits, write "RURAL")

(d) Street No. Route 6
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Robert C. Haines (Sergeant)

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 Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased February 25 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

23 8 25 - hr. - min.

9. Birthplace Stockton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-3700060

11. Industry or business Detachment QMC (White)

MOTHER FATHER { 12. Name Jaspar R. Haines.

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

14. Maiden name Unknown

15. Birthplace Unknown 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 11-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mansfield, Ohio

18. (a) Signature of funeral director John Clark

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

19. (a) 11-22-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1941 hour 10 minute 32 P.M.

21. I hereby certify that I attended the deceased from 9:30 PM
11/20/41, 1941, to 10:32 PM 11/20/41,
that I last saw h. im. alive on 11/20/41, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Laceration and contusion of brain with destruction of anterior pole of left temporal lobe. (2) Fracture, compound, linear, of skull. (3) Lacerations, multiple, of forehead and scalp, due to auto accident which occurred when two automobiles collided head on about 5:30 PM, November 20, 1941, 6 miles west of Lebanon, Mo. on highway "66".

Major findings: 66 operations west of Lebanon, Mo. on Highway "66".

Of autopsy as above.

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) Auto accident

(b) Date of occurrence November 20, 1941.

(c) Where did injury occur? Near Lebanon, LaClede, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 6 miles west of Lebanon, Mo. on highway "66"

While at work No (Specify type of place) (e) Means of injury Auto & Auto

23. Signature Colley C. Fay (M. D. or other) Past m.

Address Sta Hosp, Ft. Leonard Wood, Mo. Date signed 11/21/41

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

RECEIVED

Pulaski County Health Officer

File Number 1141-70

Date Filed 11-27-41

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.....

P. O. Address.....

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.