

S. No. 2
1-1-4-41
7-5-17-39
P-1 X26320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42776

State File No.

Registration District No. 713 Primary Registration District No. 8942-5942 Registrar's No.

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Rural Co. 11, Mo.
(c) Name of hospital or institution: 3 1/2 mile east of junction
State Highway 17 South with U.S. Highway 66
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Unknown
(c) City or town Ludlow
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 2
(If legal, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kenneth E Blacker
3. (b) If veteran, name war..... 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9th
year 1942 hour 6 minute 15 P M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased. March 2 1918
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years 23 Months 10 Days 7 If less than one day
24 hr..... min.....

Immediate cause of death Lacerations of
Brain. 2
Multiple fractures of skull
Due to Fractures, compound, tibia
and fibula bilateral.
Due to Collision of automobile
and pedestrian

9. Birthplace Ludlow Kentucky
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 170C-4

10. Usual occupation soldier - CO. 30th BN

Major findings: Of operations 21
Of autopsy Laceration of brain.
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business U.S. Army - E.R.T.C.
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Applegate
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Station Hospital
(b) Address Fort Leonard Wood, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident.
(b) Date of occurrence January 9, 1942
(c) Where did injury occur? Pulaski Mo.
(City or town) (County) (State)

17. (a) REMOVED (b) Date thereof 1-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ludlow, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on U.S. Highway 66 3/4 mile east of junction
with State Highway 17 from south
While at work? No. (e) Means of injury Auto

18. (a) Signature of funeral director John A. Murray
(b) Address MOBILE MISSOURI
19. (a) 1-12-42 (b) Ch. Walker
(Date received local registrar) (Registrar's signature)

23. Signature Robert A. Murray (M. D. or other) Mo
Address 14 E.R.T.C. Ft Leonard Wood, Mo Date signed 1/10/42

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

500

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APR 3 1942

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RECEIVED

Pulaski County Health Officer

File Number 142-89

Date Filed 1-18-42

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 Louis A. Clark
Licensed Embalmer No. 4216
P. O. Address Rolla, Mo.

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.