S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42778

Registration District No. ~~714~~ 713 Primary Registration District No. 5942 Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort-Leonard-Wood California
(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 5 weeks. (Specify whether
In this community 3½ months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County unknown 999

(c) City or town Nashmeade 4
(If outside city or town limits, write "RURAL")

(d) Street No. unknown 0
(If rural, give location)

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

If yes, name country - -

3. (a) PRINT FULL NAME William F. Crabtree (Private)

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

3. (c) Social Security No. - -

4. Sex Male 0

5. Color or race Indian

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 June (Month) 17 (Day) 1918 (Year)

8. AGE: Years 23 Months 5 Days 26 If less than one day - hr. - min.

9. Birthplace Covelo (City, town, or county) California/ (State or foreign country)

10. Usual occupation Soldier-U.S.Army-39011110

11. Industry or business Co D, 29th Bn ERTC

FATHER
12. Name Fred Crabtree
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ella Unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Military Records
(b) Address Fort Leonard Wood, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Dos Rios, California

18. (a) Signature of funeral director Lou Clark
(b) Address Rolla Funeral Home, Rolla, Mo

19. (a) 12-15-41 (Date received local registrar) (b) C. G. Talbot (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1941 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from November 6, 1941, 19__, to December 13, 1941
that I last saw him alive on December 13, 1941, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, acute, miliary, generalized.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature John E. Patton M.D. (M. D. or other)
Address Sta Hosp, Ft. Leonard Wood, Mo Date signed 12/15

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 142-86
Date Filed 1-6-42

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 Lou H Clark

Licensed Embalmer No. 216

P. O. Address Rolla Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.