

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42780

State File No.

Registrar's No. 44

JAN 8 1942
Registration District No. 2713

Primary Registration District No. 3942

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
in this community 5 months years, months or days)

3. (a) PRINT FULL NAME Lee Anderson (Pvt.)

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

7. Birth date of deceased March 13 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 17 If less than one day -- hr. -- min.

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

10. Usual occupation Soldier - U. S. Army - 37008704

11. Industry or business Anti-Tank Co, 63rd Infantry

12. Name Edward L. Anderson

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

14. Maiden name Unknown

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 12-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo.

18. (a) Signature of funeral director Fort Leonard Wood

(b) Address Rolla Funeral Home, Rolla, Missouri

19. (a) 12-31-41 (b) as above
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 4. (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 30
year 1941 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from December 27, 1941 to December 30, 1941

that I last saw him alive on December 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction, small bowel, adhesive band between Meckel's diverticulum and stump of
Worm appendix.

Due to

Other conditions Peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrenous small bowel.

Of autopsy as above

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 place) Means of injury as above

23. Signature Orville K. Clark (M.D. or other) M.D.
Address Sta Hosp, Ft Leonard Wood, Mo Date signed 12/30/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

JAN 12 1942

RECEIVED

Pulaski County Health Officer

File Number

142-84

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.....

.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

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.