

S. No. 2  
M-1-4-41  
ev. 5-17-39  
I X24300

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11702  
Registrar's No. 30

FILED APR 8 1942  
Registration District No. 712

Primary Registration District No. 5942

1. PLACE OF DEATH:  
(a) County Pulaski  
(b) City or town Fort Leonard Wood  
(c) Name of hospital or institution: Station Hospital  
(d) Length of stay: In hospital or institution 32 minutes  
In this community 8 months 22 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Minnesota (b) County St. Louis  
(c) City or town Angra (Rural)  
(d) Street No. Route # 1, Box # 108  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Oiva E. Laakkonen  
3. (b) If veteran name war -  
3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 14 year 1942 hour 10 minute 02 P.M.

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

21. I hereby certify that I attended the deceased from 9:30 P.M. March 14 1942 to 10:02 PM March 14 1942  
that I last saw him alive on March 14 1942  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: June 16 1918  
8. AGE: Years 23 Months 8 Days 29

Immediate cause of death: (1) Fracture, compound, 2nd, 5th, & 6th ribs, left (2) Laceration, hemorrhage, lower lobe, left lung (3) Hemothorax, 1500 cc (4) Laceration of liver, spleen, left kidney (5) Hemoperitoneum, 2000 cc.

9. Birthplace Angora, Minnesota  
10. Usual occupation Private - U. S. Army

Due to being struck by an automobile while walking along highway near "Y", Missouri

11. Industry or business Co B, 63rd Infantry, 37031428  
12. Name Matt Laakkonen  
13. Birthplace Unknown  
14. Maiden name Iline  
15. Birthplace Unknown

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: 700-4  
Of operations 21  
Of autopsy Same as above

16. (a) Informant Military Records  
(b) Address Ft. Leonard Wood, Missouri  
17. (a) ~~REMOVAL~~ (b) Date thereof 3-17-42  
(c) Place: burial or cremation VIRGINIA - MINN  
18. (a) Signature of funeral director John Clark  
(b) Address Wells  
19. (a) 3-16-42 (b) Albert P. Murphy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 8:30 P.M., March 14, 1942  
(c) Where did injury occur? "Wye" Pulaski, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway near "Wye", Missouri.  
While at work? No (e) Manner of injury Auto and pedestrian.  
23. Signature C. L. Mangameli (M. D. or other) M. D.  
Address Sta Hosp., Ft Leonard Wood, Mo. Date signed -

11706 has M. Dodd - Co Reg.  
(Licensed Embalmer's Statement on Reverse Side)

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

2500

RECEIVED

Pulaski County Health Office

File Number 342-116

Date Filed 3-31-42

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 *Lowell 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.