

Registration District No. 773

Primary Registration District No. 5942

Registrar's No. 55

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: Pulaski Army
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 15 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Fort Leonard Wood 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Howard C. Dukes

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 Married
6. (b) Name of husband or wife Eula Dukes 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased May 17, 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 11 19 hr. min.

9. Birthplace Taney County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer, Public Works

11. Industry or business _____

MOTHER FATHER { 12. Name John Dukes
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dukes
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Dukes
(b) Address Swan, Missouri

17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director J. N. Bevans
(b) Address Forsyth, Mo.

19. (a) 5-20-1942 (b) Chas M. Dodd
(Date received local registrar) (Registrar's signature)
W. P. Reg (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Electrocution Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Accident 035
(b) Date of occurrence May 6 - 1942
(c) Where did injury occur? Fort Leonard Wood, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place 3

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

23. Signature J. L. Hulse (M. D. or other) 3
Address Wagonville Date signed 5-20-42

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

85
0
0

copy

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RECEIVED

Pulaski County Health Officer

File Number 5-42-145

Date Filed 5-30-42

NOV 20 1947

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.