

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JUL 24 1942

Registration District No.

Primary Registration District No.

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: Waynesville Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 11 days
(Specify whether
In this community 1 month 19 days
years, months or days)

3. (a) PRINT
FULL NAME

Floyd T. 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,

3 divorced Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive - years

7. Birth date of deceased

January

17

1910

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

32

5

14

- hr. - min.

9. Birthplace

Dawson

North Dakota

(City, town, or county)

(State or foreign country)

10. Usual occupation Soldier - U.S. Army - 37200537

11. Industry or business

Co A, 30th Bn ERTC

12. Name

Harry L. Anderson

13. Birthplace

Unknown

9

14. Maiden name

Unknown

15. Birthplace

Unknown

9

16. (a) Informant

Military Records

(b) Address

Fort Leonard Wood, Missouri

17. (a)

Burial

(b) Date thereof

7-7-42

(Burial, cremation, or removal)

(c) Place: burial or cremation

Fort Leonard Wood, Mo

18. (a) Signature of funeral director

For Clerk

(b) Address

Rolla, Mo

19. (a)

June 30, 1942

(b)

Civilian Capone

(Date received local registrar)

(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Dakota (b) County Unknown
(c) City or town Driscoll (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1942 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4:00 P.M.
June 29, 1942, to 2:15 AM, June 30, 1942
that I last saw him alive on June 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation
of the heart.

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

As above.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 type of place)

(e) Means of injury

23. Signature A. P. Gillespie (M. D. Capone)

Address Station Hospital, Ft. Leonard Wood Date signed 6/30/42

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

74-42 C. L. W. D. C. L.

RECEIVED

Pulaski County Health Officer

File Number 7-42-163

Date Filed 7-15-42

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 Clark
H216
Kallo

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.