

Filed JUL 3 1942

State File No.

Registration District No. 2942

Primary Registration District No. 2942

Registrar's No. 68

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Fort Leonard Wood, MO.
(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 1 day
(Specify whether years, months or days)
In this community 3 months 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Minnesota (b) County Unknown
(c) City or town Minneapolis
(If outside city or town limits, write "RURAL")
(d) Street No. 3132 1st Ave. S.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur J. Strand (Pvt lcl)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26
year 1942 hour 4 minute 05 P.M.
21. I hereby certify that I attended the deceased from May 25, 1942 to 1:05 PM, May 26, 1942
that I last saw him alive on May 26, 1942
and that death occurred on the date and hour stated above.

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
7. Birth date of deceased May 13 1911
(Month) (Day) (Year)

Immediate cause of death Glioma, probable spongioblastoma, left cerebral cortex, cause unknown.
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
31 0 13 - hr. - min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None performed.
Of autopsy Same 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? _____

9. Birthplace Rice Lake, Wisconsin
(City, town, or county) (State or foreign country)
10. Usual occupation Soldier, U. S. Army, 20707162
11. Industry or business Service Company, 63rd Infantry
12. Name Jacob Strand 9
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 5-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Minneapolis Minn
18. (a) Signature of funeral director Robert M. ...
(b) Address ...
19. (a) 5/27/42 (b) Charles M. ...
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
23. Signature D. H. Neas (M. D. or other) M.D.
Address Sta Hosp, Ft Leonard Wood, Mo. Date signed 5/27/42

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

15
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RECEIVED

Pulaski County Health Officer

File Number 6-42-158

Date Filed 6-30-42

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

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.