V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27952

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Crocker Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Between Crocker and Waynesville, Mo. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community One month, ten days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Iowa (b) County 13
(c) City or town St. Lucas 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mihm (none) August

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 12, 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
30	6	8	hr. min.

9. Birthplace St. Lucas (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Soldier U.S. Army, 37195042
11. Industry or business Hq. Co., 6th Motorized Div.

FATHER
12. Name Frank Mihm
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Military records
(b) Address Fort Leonard Wood, Missouri.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 28 '42 (Month) (Day) (Year)
(c) Place: burial or cremation West Union Ia
18. (a) Signature of funeral director Lou Clark
(b) Address Rolla Mo
19. Aug 28 '42 (Date received local registrar) (b) Chas M Adams (Registrar's signature)

9-2-42 Chas M Dodd Capt M.C.A.N.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1942 hour Twelve minute 30 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple fractures of ribs, with a laceration of both lungs and with a pneumo and hemothorax-- ~~xxxx~~ traumatic transverse tear of aorta.

Due to Collision between automobile and bridge.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

Duration

170C-4
2-8

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 085
(b) Date of occurrence August 26, 1942
(c) Where did injury occur? Waynesville (City or town) Pulaski (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway #17, 3 miles from Iberia, Mo. U
(Specify type of place)
While at work? (e) Means of injury Collision

23. Signature Joseph A Dupont Capt M.C. (M. D. or other)
Address 6th Medical Battalion Date signed 8/27/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 9-42-184
Date Filed 9-4-42

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

Licensed Embalmer No. 4216

P. O. Address Roller

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.