

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31127

BILLED SEP 18 1942

State File No.

Registration District No.

Primary Registration District No. 5984

Registrar's No. 23/00

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi. south of Richland, Mo. Highway 133
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 5 weeks (Specify whether years, months or days)
In this community 1 year 5 weeks

3. (a) PRINT FULL NAME LEROY C. WHITE (Pvt.)

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

4. Sex Male 2 5. Color or race Colored 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 January 17 1919
(Month) (Day) (Year)

8. AGE: Years 23 Months 7 Days 18 If less than one day - hr. - min.

9. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier - U. S. Army - 17027193

11. Industry or business Quartermaster Detachment (C)

12. Name Leroy W. White

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 Removal (b) Date thereof 9-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Moines Ia

18. (a) Signature of funeral director Ray Clark

(b) Address 508 W 8th St

19. (a) Sept 4, 1942 (b) Charlton H. Lins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Polk
(c) City or town Des Moines
(If outside city or town limits, write "RURAL")
(d) Street No. 923 23rd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3
year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from - to -, 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 Clinical shock due to hemoperitoneum (2000 cc) due to rupture of spleen, due to crushing injuries
accidentally incurred Sept 3, 1942 on highway #133 about 3 miles south of Richland, Mo., when the Army truck in which he was riding as a passenger left the road and overturned
after failing to make a curve. No other vehicle involved.
Major findings:
Of operations None.
Of autopsy As above.

Duration

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
(b) Date of occurrence September 3, 1942
(c) Where did injury occur? 3 mi south of Richland, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway #133.

While at work? No (Specify type of place) Army truck

23. Signature Ronald F. Elkins (M. D. or other)

Address St. Francis Hospital MO Date signed 9-7-42

(Licensed Embalmer's Statement on Reverse Side)

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

9-12-42

RECEIVED

Pulaski County Health Officer

File Number 9-42-188

Date Filed 9-18-42

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 216

P. O. Address Kalla, 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.