

S. No. 2  
M-9-441  
Rev. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41260

State File No. \_\_\_\_\_

FILED JAN 11 1943

Registration District No. 206

Primary Registration District No. 5749

Registrar's No. 85

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

1. PLACE OF DEATH:

(1) County Madison

(b) City or town Near Fredricktown, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: --- / Park Inn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Never arrived years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Philadelphia <sup>997</sup>

(c) City or town Philadelphia <sup>36</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 5031 P. Street <sup>0</sup>  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_ <sup>2</sup>

3. (a) PRINT FULL NAME SEYMOUR TARKEN (Pvt)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3  
year 1942 hour 11 minute 45 AM.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or face 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 (Day) (Year)

7. Birth date of deceased May 14 1916  
(Month) (Day) (Year)

Immediate cause of death: (1) Basal fracture of skull with subarachnoid hemorrhage. (2) Crushing injury to thorax with dislocation of left clavicle and multiple fractures of ribs. <sup>Duration</sup>

Due to Soldier was instantly killed when the jeep, which he was driving skidded on slippery roads & turned over. No other vehicle involved.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 26 Months 6 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy 1700-6 26

9. Birthplace Philadelphia Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-32069969

11. Industry or business Hq. Btry. 45th Field Artillery

MOTHER { 12. Name Samuel Tarken

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 U. S. Army Records

(b) Address Fort Leonard Wood, Missouri

17. (a) Removal Removal (b) Date thereof Dec. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia Pa.,

18. (a) Signature of funeral director W. S. C. Null

(b) Address Rolla Funeral Home..Rolla Mo.

19. (a) 12/10/42 (b) JOB Carlwitzer  
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 062

(b) Date of occurrence December 3, 1942

Where did injury occur? On Rt 70 near Fredricktown, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Highway

While at work? Yes (Specify type of place) Jeep and highway  
(e) Means of injury

23. Signature [Signature] (M.D. or other)

Address Staten Dept. Ft. Leonard, Mo. Date signed 12-1-42

Record Office 206 S. Second Street (on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 143-162  
Date Filed 1-8-43

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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.