

No. 2
9-4-41
5-17-39
K29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Case Reported to Bureau of Census, Washington, D. C.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2946

FILED JAN 18 1943

Registration District No. 245

Primary Registration District No. 5837

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Station Hospital, Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County Unknown

(c) City or town Chippewa Falls
(If outside city or town limits, write "RURAL")

(d) Street No. 121 South Culver ST
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Rolland F. Prueher

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced --

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August 10, 1920
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>22</u>	<u>4</u>	<u>12</u>	<u>--</u> hr. <u>--</u> min.

9. Birthplace Chippewa Falls, Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business United States Army

MOTHER FATHER

12. Name Mr. Wenzel Prueher

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Mary Prueher

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Soldier's Service Record

(b) Address Camp Crowder, Missouri

17. (a) Removal (b) Date thereof Dec 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chippewa Falls, Wis.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 12-22-42 (b) Lesley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1942 hour 2: minute 50 P.M.

21. I hereby certify that I attended the deceased from December 13, 1942 to December 22, 1942;
that I last saw him alive on December 22, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema with BronchoPneumonia, early. Cardiac, left, failure.

Due to Pyonephrosis, left, chronic, with acute exacerbation, and with

Due to Uremia, with cerebral edema and oliguria with reflex oliguria,

Other conditions Paralytic ileus due to secondary acute peritonitis.
(Include pregnancy within 3 months of death)

Major findings: Pyonephrosis, massive Nephrostomy, left, December 18, 1942

Of autopsy 1330

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 0

23. Signature James W. Fick, M.D.
Address Camp Crowder, Missouri Date signed 12/22/42

999
49
0
2

Durations
3 days
2 days
3 days
7 years
9 days
5 days
4 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1110

Date Received JAN 11 1943
File No. 1242-21

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.....

J. W. K. [unclear]

Licensed Embalmer No. *814*

P. O. Address *Carthage, 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.