

ED FEB 11 1943

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. 5 17

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood, Missouri
(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 10 days (Specify whether
In this community 5 months 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Athens

(c) City or town Nelsonville
(If outside city or town limits, write "RURAL.")

(d) Street No. 441 Madison St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME JOSEPH R. VERITY (Pvt)

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 Married

6. (b) Name of husband or wife Hazel Fern Verity 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 22 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 4 4 hr. min.

9. Birthplace Nelsonville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-35412578

11. Industry or business Hq Co., DEML

MOTHER FATHER { 12. Name Henry Verity

{ 13. Birthplace Unknown - - - 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown - - - 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wife, Mrs. Hazel Fern Verity

(b) Address 441 Madison, Nelsonville, Ohio (Wife)

17. (a) Removal (b) Date thereof 1-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelsonville Ohio

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address Rolla, Missouri

19. (a) Jan. 28, 1943 (b) Harry M. Griffith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1943 hour 5 minute 50 A M.

21. I hereby certify that I attended the deceased from
....., 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 Hypertrophy and dilata-
tion of heart (570 gms) Passive
congestion of liver, kidneys and
Due to spleen. Bronchial pneumonia.

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations As above

Of autopsy.....

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).....

(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?.....

Home..... (Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature H. R. Gillespie (M. D. or other)

Address Station Hospital Date signed 1/28/43

AUG 21 1945

RECEIVED

Pulaski County Health Office

File Number 2-43-15

Date Filed 2-9-43

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 S. B. Muehl

Licensed Embalmer No. 2297

P. O. Address Rella, 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.