

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11164

State File No. _____
Registrar's No. (17) 43

Registration District No. 290 Primary Registration District No. 4427 5983

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 miles north of junction of Hi #66 & 17,
(If not in hospital or institution, write street number or location) Mo.
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 months 20 days
years, months or days)

3. (a) PRINT FULL NAME JOHN W. BARKOVICH (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 Mary Barkovich 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 23 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 1 12 hr. _____ min.

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

10. Usual occupation Soldier-U.S. Army-13110917
208th Ord Co, 38th Ord Maint Bn

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army Records
(b) Address Ft. Leonard Wood, Mo.
17. (a) Removal (b) Date thereof Mar. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburgh, Pa.

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 W. 8th Rolla Mo.
19. (a) Mar. 9, 1943 (b) H. W. H. H. H.
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Allegheny 999
Pittsburgh 36
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 5315 Berlin Way
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 11 minute 45 P. 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: (1) Traumatic rupture of the liver with hemoperitoneum
(Approximately 500cc) (2) Fractures, skull, multiple, comminuted, with lacerations of the brain and sub-arachnoidal hemorrhage.

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

Major findings:
Of operations _____

Of autopsy As above.

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 185
(b) Date of occurrence March 7, 1943
(c) Where did injury occur? 3 miles north junction Hi #66
#17, Mo. 5 mi from Ft. L. W., 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? No (Specify type of place) Hit by automobile
(e) Means of injury
23. Signature John M. Rhoads (M. D. or other) MD
Address Ft. Leonard Wood, Mo Date signed 3-8-43

RECEIVED

Pulaski County Health Officer

File Number 4-43-42

Date Filed 4-5-43

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

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.