

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

11165

Registrar's No.

(16)

42

Registration District No. 290

Primary Registration District No. 4447 5983

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 2 days
(Specify whether years, months or days)
In this community 23 days

3. (a) PRINT FULL NAME BILL A. BOLLINGER (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 Single
6. (b) Name of husband or wife - - - 6. (c) Age of husband or wife if alive - - - years
7. Birth date of deceased September 30 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 5 2 - hr. - min.

9. Birthplace Valdese North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-34598027

11. Industry or business Btry B, 949th Field Artillery

12. Name Lester B. Bollinger
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army Records
(b) Address Fort Leonard Wood, Missouri
17. (a) Removal (b) Date thereof Mar. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valdese, No. Carolina

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address Rolla, Missouri
19. (a) Mar. 3, 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Carolina (b) County Burke
(c) City or town Drexel
(If outside city or town limits, write "RURAL")
(d) Street No. Box #25
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1943 hour 8 minute 15 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 Meningitis, purulent, acute (pneumococcus type 3) Duration - - -

Due to - - -
Due to - - -
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) - - -
(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 - - -
23. Signature [Signature] (M. D. or other) M.D.
Address Fort Leonard Wood, Mo Date signed 3-3-43

11703-6-1943 Chm on Outdated Registrar's Statement on Reverse Side

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

RECEIVED

Pulaski County Health Officer

File Number 4-43-41

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 S. L. Moore

Licensed Embalmer No. 3397

P. O. Address Reese, 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.