

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Knobnoster (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital, Sedalia Army Air Field, Knobnoster, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Died immediately
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State California (b) County (Unknown)
(c) City or town Chino
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME 1st Lt. James H. Pate C-729221
3. (b) If veteran, name war World War #2
3. (c) Social Security No. 569-20-4629

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ wife Audrey S. Pate
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Dec. 18 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 6 22 - - hr. - - min.

9. Birthplace Chino California
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Soldier - U. S. Army

MOTHER FATHER {
12. Name Homer Pate
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 Army Records

(b) Address _____

17. (a) Removal (b) Date thereof 7-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corona Calif

18. (a) Signature of funeral director Geo. A. Sault

(b) Address Sedalia Missouri

19. (a) July 12-43 (b) Mrs. C. P. Sault
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1943 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 10, 1943
19____ to July 10, 1943 19____;
that I last saw him alive on never 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Avulsion of skull and brain
Duration - -

Due to _____
Due to _____

Other conditions Fractured right ankle
(Include pregnancy within 3 months of death) - -

Major findings: None 173-6 34
Of operations None
Of autopsy None
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 051
(b) Date of occurrence July 10, 1943
(c) Where did injury occur: Sedalia Army Air Field
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Army Air Base landing field
While at work Yes (Specify type of place) Airplane
(e) Means of injury crash
23. Signature M. J. Sault (M. D. or other) M.C.
Address Knobnoster, Missouri Date signed 7/10/43

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

37
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FILED AUG 10 1943

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

8-7-43

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

L. E. Boulton

Licensed Embalmer No. 3867

P. O. Address Sedalia, Missouri

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.