. S. No. 2
OM—5-42
v. 5-17-39
P1 x P2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25824

State File No. .....

Registration District No. 290 | Primary Registration District No. 5983 | Registrar's No. 926

85
10
0

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Ft.-Leonard-Wood, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 27 days
In this community 1 year, 4 months, 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Iowa (b) County Johnson 13

(c) City or town Swisher 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME DAVE (nmi) STEARNS (First Sgt)

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 Ada Mae Stearns

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

7. Birth date of deceased December (Month) 24 (Day) 1901 (Year)

8. AGE: Years 41 | Months 6 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Clarksville, (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation Soldier U.S.Army R1590576

11. Industry or business First Sgt, Hq Co, MP&EG

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) ..... (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country) 9

16. (a) Informant U.S. Army Records
(b) Address Fort Leonard Wood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) 22 July 1943 (Date received local registrar) (b) Robert A. Murray 2Lt Col MC (Registrar's signature)

7-26-1943 Helen McCall Coffey

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1943 hour 0002 AT minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, scirrhous, of the tail of the pancreas.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 469

Major findings:
Of operations .....

Of autopsy As Above.

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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....

23. Signature Robert A. Baer Capt MC (M. D. or other) M.D.
Address Ft. Leonard Wood, Mo. Date signed 7/22/43

(Unlicensed Embalmer's Statement on Reverse Side)

Copy

RECEIVED
Pulaski County Health Officer
File Number 8-43-91
Date Filed 8-2-43

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 myself, Registered Apprentice No. _____, working under my personal supervision.

Signed W. E. Holman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.