S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1943

Registration District No. 1663

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5605

State File No. 31935

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town ~~Knobnoster~~ (Rural) Washington Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital, Sedalia Army Air Field, Warrensburg, Mo.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community Unknown 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Kings 99 30

(c) City or town Brooklyn

(If outside city or town limits, write "RURAL")

(d) Street No. 1612 George Street

(If rural, give location)

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

If yes, name country - - -

3. (a) PRINT FULL NAME S/Sgt. August W. Viehl A.S.N. 32345262

3. (b) If veteran, name war World War #2

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife - -

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

7. Birth date of deceased October 20, 1908 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	11	4	- - hr. - - min.

9. Birthplace Brooklyn, (City, town, or county) New York (State or foreign country) 1

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Gustave W. Viehl
13. Birthplace Brooklyn, N.Y. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Brooklyn, N.Y. (City, town, or county) (State or foreign country) 1

16. (a) Informant Army records

(b) Address - - -

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/26/43. (Month) (Day) (Year)

(c) Place: burial or cremation New York N.Y.

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia, Missouri

19. (a) Sept 25 1943 (Date received local registrar) (b) Mrs. C. L. Saults (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24 year 1943 hour 8: minute 02 A. M.

21. I hereby certify that I attended the deceased from 8:02AM Sept. 24, 1943, to 11:35AM Sept. 24, 1943; that I last saw him alive on never, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Electrocution	Died instantly
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

193

99

Major findings: Of operations None performed

Of autopsy Hemorrhages in brain

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 September 24, 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? Warrensburg, Missouri (Specify type of place)

While at work? Yes (e) Means of injury Electrocution

23. Signature Carl T. Doering Major (M. D. or other) M.C.

Address Station Hospital, Sedalia Sedalia Army Air Field, Warrensburg, Mo. Date signed 9/25/43

1346

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 6-6-43
Date Filed

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Gadsden

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.