

Registration District No. 274

Primary Registration District No. 5935

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia, Missouri (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural / Sedalia, 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 years, months or days)

3. (a) PRINT FULL NAME Charles W. Barnett A.S.N. 0-679809
 3. (b) If veteran, World War #2 3. (c) Social Security No. Unknown

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: December 16, 1920 (Month) (Day) (Year)

8. AGE: Years 22 Months 8 Days 20 If less than one day - hr. - min.

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

10. Usual occupation Soldier

11. Industry or business U. S. Army

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Army Records
 (b) Address - - -

17. (a) Removal (b) Date thereof 9/8/43
 (Barial preparation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Newark Riverdale N.J.

18. (a) Signature of funeral director Gillespie Funeral Home
 (b) Address Sedalia

19. (a) 9/7/43 (b) Miss Anna Beyler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Unknown 991
 (c) City or town Riverdale 30
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th
 year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Never
 19 Never to 19 Never
 that I last saw h im alive on Never 19 Never
 and that death occurred on the date and hour stated above.

Immediate cause of death Depressed fracture of skull
 Duration Died instantly

Due to 173-6
34

Other conditions Complete crushing of chest.
 (Include pregnancy within 3 months of death)
Multiple fractures of extremities.

Major findings: None performed
 Of operations None performed
 Of autopsy None performed

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) Airplane accident
 (b) Date of occurrence 11:00 P.M. Sept. 5, 1943
 (c) Where did injury occur (Rural) Sedalia, Pettis, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
During aircraft flight

While at work? Yes (Specify type of place) Plane crash
 (e) Means of injury

23. Signature Carl H. ... (M. D. or other) M.C.
 Address Sedalia Army Air Field Date signed 9/7/43
Warrensburg, Missouri

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-12-43

6783 & 1 ADN

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. 3868

P. O. Address..... Sedalia

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.