No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32323

State File No.

FILED OCT 8 1943

Registration District No. 290 Primary Registration District No. 5943 Registrar's No. 50

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: Cullen Temp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: DOA (Specify whether
In this community: 1 month 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Indiana (b) County: Miami 12
(c) City or town: Peru (If outside city or town limits, write "RURAL") 11
(d) Street No.: Route # 1. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: — 2

3. (a) PRINT FULL NAME: Sam L. Cole (2nd Lt.)
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: August (Month) 9 (Day) 1921 (Year)

8. AGE: Years 22 | Months 1 | Days 6 | If less than one day — hr. — min.

9. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)
10. Usual occupation: Officer - U. S. Army-01178740
11. Industry or business: 730 F. A. Bn., 75th Inf. Div.
FATHER 12. Name: Unknown
13. Birthplace: (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: (City, town, or county) 9 (State or foreign country)
16. (a) Informant: U. S. Army Records
(b) Address: Ft. Leonard Wood, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director: W. E. Haenson
(b) Address: Lebanon Mo
19. (a) Sept 16 1943 (Date received local registrar) (b) Robert A Murray Local Reg (Registrar's signature) Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15 year 1943 hour 7 minute 55 A. 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 (1) Hemothorax, bilateral (1000cc) due to (2) Traumatic rupture of the ascending aorta, with hemorrhage into the mediastinum. — Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: As above.

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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 085
(b) Date of occurrence: September 15, 1943.
(c) Where did injury occur? Ft. Leonard Wood (City or town) Pulaski (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Air Landing Strip, Ft. Leonard Wood, Mo. (Specify type of place) Air plane crash
While at work? yes (e) Means of injury: Air crash.
23. Signature: [illegible] (M. D. or other) WD
Address: Ft. Leonard Wood, Mo. Date signed 9-16-43

1120

(Licensed Embalmer's Statement on Reverse Side)

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.