

FILED OCT 29 1943  
 DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 5-17-39  
 X32873

SUPPLEMENTAL  
 STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

35544  
 State File No.  
 Registrar's No. (40) 106A

Registration District No. 290 Primary Registration District No. 5983

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  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days) In this community 4 months, 22 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State California (b) County Tulare  
 (c) City or town Visalia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 2, Box 34 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME Marshallena (NMI) Icho  
 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 2 1924 (Month) (Day) (Year)

8. AGE: Years 19 Months Days 22 If less than one day hr. min.

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

10. Usual occupation Soldier, U. S. Army, 39696684  
 11. Industry or business Pfc, Hq, 291st Infantry

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

16. (a) Informant U. S. Army Records  
 (b) Address Ft. Leonard Wood, Mo.

17. (a) Burial (b) Date thereof Aug 30 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tort Leonard Wood  
 18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon, Mo.  
 19. (a) 27 Aug 1943 (b) Loretta Murray Icho (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 25 year 1943 hour 11 minute 26 P. M.  
 21. I hereby certify that I attended the deceased from 10:00 P.M., August 16 1943 to 11:26 P.M., Aug 25, 43, that I last saw him alive on 25 August 19.43, and that death occurred on the date and hour stated above.  
 Immediate cause of death Tuberculosis, military, acute.  
 Due to  
 Due to  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy  
 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?  
 While at work (Specify type of place) (e) Means of injury  
 23. Signature H. M. Lewis Lt. M. C. C. (M. D. or other)  
 Address Station Hospital Ft. Leonard Wood, Mo. Date signed 8/27/43

10-11-1943 Embalmer's Statement on Reverse Side

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

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 Boisjy M. Howe  
Licensed Embalmer No. 4222  
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.