

Registered on District No. **290**

Primary Registration District No. **5983**

Registrar's No. **(55) 114**

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

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Fort 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 8 1/2 hours
(Specify whether years, months or days)
 In this community 6 months, 9 days

3. (a) PRINT FULL NAME SABINO W. LENA (Pvt.)

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** --- years

7. Birth date of deceased. July 13 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	20	2	29	hr. min.

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

10. Usual occupation Soldier U.S. Army - 31306136

11. Industry or business Pvt - Co A, 375th Med. Bn.

MOTHER FATHER { **12. Name.** unknown
13. Birthplace. unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name. Frances
15. Birthplace. unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant. U.S. Army Records

(b) Address. Fort Leonard Wood, Missouri

17. (c) Removal Removal **(b) Date thereof.** 10/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boston, Mass

18. (a) Signature of funeral director. W.E. Heleman

(b) Address. Lebanon, Mo

19. (a) OCT 13 43 **(b) ROBERT A. MURRAY LI. Col. M.C.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Massachusetts **(b) County.** 19
 (c) City or town Boston
(If outside city or town limits, write "RURAL")
 (d) Street No. 54 Norman Street
(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 October day 12
 year 1943 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from 10:20 AM
Oct 12 1943 to 6:50 PM Oct 12 1943;
 that I last saw him alive on October 12 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Laceration of the right cerebral hemisphere (2) Fracture, depressed, comminuted, of skull.

Due to 1700-4
Other conditions 28
(Include pregnancy within 3 months of death)

Major findings: as above.
Of operations
Of autopsy

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) accident
 (b) Date of occurrence October 12, 1943
 (c) Where did injury occur? Ft. Leonard Wood, Pulaski Co.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #17
 While at work? Yes (Specify type of place) overturned automobile
 (e) Means of injury
23. Signature R. A. Rendall M.D. (M. D. or other title)
Address 71 Leonard Wood Mo **Date signed** 10/15/43

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. Helman*.....

Licensed Embalmer No.....*407*.....

P. O. Address.....*Helman 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.