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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

LED OCT 23 1943  
Registration District No. 70

Primary Registration District No. 5983

Registrar's No. 109

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

(d) Length of stay: In hospital or institution 2 hrs, 15 minutes  
(Specify whether years, months or days)

In this community 1 month, 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Virginia (b) County 999

(c) City or town Wise 74  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

If yes, name country --- 2

3. (a) PRINT FULL NAME JAMES A MCCARTY (Pvt.)

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4  
year 1943 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5 AM  
Oct 4, 1943 to 7:15 AM Oct 4, 1943  
that I last saw him alive on October 4, 1943  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased May 9 1907  
(Month) (Day) (Year)

Immediate cause of death (1) Subdural hemorrhage due to fracture of skull (2) Hemo-pneumothorax, left (3) Rupture of spleen.

Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>4</u>	<u>25</u>	<u>---</u> hr. <u>---</u> min.

Due to ---

Other conditions (Include pregnancy within 3 months of death) ---

Major findings: Of operations ---

Of autopsy as above

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

10. Usual occupation Soldier - U S Army - 33647782

11. Industry or business Pvt - Co B, 289th Infantry

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

PHYSICIAN ---

Underline the cause to which death should be charged statistically.

16. (a) Informant U S Army Records

(b) Address Ft. Leonard Wood, Missouri

17. (a) Removal (b) Date thereof 10/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coeburn Va

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

(b) Address Halman Mortuary

19. (a) Oct 4 1943 (b) Kabera Murray  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 185

(b) Date of occurrence October 4, 1943

(c) Where did injury occur? West Waynesville, Pulaski, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway 66

While at work? No (Specify type of place)

(e) Means of injury Car - pedes-trian

23. Signature M Rosebush (M. D. or other) 10/5/43  
Sta Hosp Ft. L. Wood Date signed

10-9-4370 (Accepted 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

*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.**