

FILED JAN 10 1944

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. 61

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:
W. E. Halman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 11 months, 21 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County 977
(c) City or town Clarks
(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 --

3. (a) PRINT FULL NAME Georgia May Roach (2nd Lt)

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

4. Sex Female 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 May 17 1921
(Month) (Day) (Year)

8. AGE: Years 22 Months 7 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation 2nd Lt - ANC - N-733653

11. Industry or business Nurse - Station Hospital

MOTHER FATHER { 12. Name John J. Roach
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name _____ (State or foreign country) 9
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

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

(b) Address Ft. Leonard Wood, Mo

17. (a) Removal (b) Date thereof 12/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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

(b) Address Lebanon, Mo

19. (a) Dec 28 1943 (b) Roberta Murray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6:45 AM
Dec 27 1943 to 7:30 AM 1943

that I last saw her alive on Dec 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Acute dilatation of the heart (right side)
(2) History of rheumatic heart disease.

Duration

Due to _____

Other conditions 9504
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy As above.

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 0

23. Signature J. W. Halman, Capt (M. D. or other) _____
Address St. Mary's Ft. Leonard Wood Date signed Dec 28-43

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 *Jelbanon 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.