

FILED MAR 13 1944

Registration District No. 245

Primary Registration District No. 5837

Registrar's No. 14

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Camp Crowder, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Camp Crowder, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 Month  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State N. C. (b) County Unknown  
(c) City or town Winston - Salem  
(If outside city or town limits, write "RURAL")  
(d) Street No. 902 Goldfloss Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. - -

3. (a) PRINT FULL NAME William S. Vernon  
(b) If veteran, name war - -  
(c) Social Security No. - -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 17  
year 1944 hour 8 minute 50 P.M.  
21. I hereby certify that I attended the deceased from February  
17, 19 44 to February 17, 19 44  
that I last saw him alive on February 17, 19 44  
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 Era Lee Vernon  
6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased December 14 1920  
(Month) (Day) (Year)

Immediate cause of death Shock, traumatic  
Due to Truck accident

8. AGE: Years Months Days If less than one day  
23 2 3 - hr. - min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy same as above

9. Birthplace Walker Town N. C.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Soldier

11. Industry or business U. S. Army

MOTHER FATHER {  
12. Name unknown  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mrs. Stella Jane Vernon  
15. Birthplace Walker Town N. C.  
(City, town, or county) (State or foreign country)

16. (a) Informant Soldier's Service Record  
(b) Address Camp Crowder, Missouri

17. (a) Removal (b) Date thereof Feb 19 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Winston-Salem, N.C.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 073  
(b) Date of occurrence February 17, 1944  
(c) Where did injury occur? Camp Crowder, Newton, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place  
While at work? Yes (Specify type of place) (e) Means of injury 0  
23. Signature Wm. Thompson (M. D. or other)  
Address Camp Crowder, Mo. Date signed 2-18-44

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Missouri  
19. (a) 2-22-1944 (b) Wm. Thompson  
(Date received local registrar) (Registrar's signature)

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

JUN 1 1948

JUN 4 1948

RECEIVED

District Health Officer No. 3-9-44  
District File Number 244-39  
Date Filed 3-10-44

MAR 20 1944

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 *Emmell*

Licensed Embalmer No. 391

P. O. Address *Carhage*

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.