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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8033

State File No.

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. (3) 21

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: 1 Cullen Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution DOA (Specify whether
In this community 30 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State New York (b) County 30

(c) City or town New York 0
(If outside city or town limits, write "RURAL")

(d) Street No. 170 East 94th
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Cuba 2

3. (a) PRINT FULL NAME Folla, Joseph C.

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased December (Month) 18 (Day) 1918 (Year)

8. AGE: Years 25 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Havana (City, town, or county) Cuba (State or foreign country) 8

10. Usual occupation Soldier - U S Army - 34889626

11. Industry or business Pvt, Co A, 26th E.T.Bn, ERTC

FATHER
12. Name --
13. Birthplace -- (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Maria Cinas Folla
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 (Burial, cremation, or removal) (b) Date thereof 2 (Month) 12 (Day) 44 (Year)
(c) Place: burial or cremation New York City

18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo

19. (a) Feb 11 1944 (Date received local registrar) (b) Robert A Murray Lt Col MC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1944 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation as evidence by: Passive congestion of lungs, moderate
Passive congestion of kidneys, slight.

Due to Accident, (buried in foxhole by

Due to dirt after foxhole was run over by a tank)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

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

182-2
40

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

(a) Accident, suicide, or homicide (specify) Accident 085

(b) Date of occurrence 10 February 1944

(c) Where did injury occur? Fort Leonard Wood, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ERTC Training Area
(Specify type of place)

While at work? yes (e) Means of injury Buried in foxhole

23. Signature S. A. Kendall Capt MC (M. D. or other)
Address Sta. Hosp. Ft. L. Wood Mo Date signed 10 Feb 44

2 - 13 - 44 Chas M Dodd Reg Co

(Licensed Embalmer's Statement on Reverse Side)

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 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.