

V. S. No. 2  
100M-5-43  
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. **11814**

**FILED MAR 27 1944**  
Registration District No. 290

Primary Registration District No. 5983

Registrar's No. **(5) 30**

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

**1. PLACE OF DEATH:**  
 (a) County Pulaski  
 (b) City or town St. Leonard Wood, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Carlson Inn  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 2 months, 16 days

**3. (a) PRINT FULL NAME** Alto (NEI) Stricklin (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 alive** \_\_\_\_\_ years  
**7. Birth date of deceased.** April 3 1924  
(Month) (Day) (Year)

**8. AGE:** Years 19 Months 11 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Andalusia, Alabama  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Soldier - U.S. Army - 34818568

**11. Industry or business** Co C, 31st Bn, ERTC.

MOTHER FATHER

**12. Name** Alto Lee Stricklin

**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**14. Maiden name** Gussie L.

**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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

**(b) Address** Fort Leonard Wood, Mo

**17. (a) Removal** Removal **(b) Date thereof** 3/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation.** Gray, Alabama

**(d) Signature of funeral director** W.E. Nelson

**(b) Address** DeWitt, Mo

**19. (a) Date received local registrar** Mar 7 1944 **(b) Signature** John A. Murray  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Alabama (b) County Crenshaw **999**  
 (c) City or town Glenwood (If outside city or town limits, write "RURAL") **0**  
 (d) Street No. Route #1 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 5 year 1944 hour UNKNOWN minute \_\_\_\_\_ M.

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

**Immediate cause of death** (1) Rupture of aorta and pulmonary artery.

Due to a perforating gunshot wound of thorax.

Due to suicide (in 30 calibre rifle)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy AS above

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

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

(b) Date of occurrence 5 March 1944

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
500yds north, Water Filtration Plant

While at work? No (Specify type of place) (e) Means of injury 30 cal M1 rifle.

**23. Signature** John A. Murray (M. D. or other) MD

**Address** St. Leonard Wood, Mo. **Date signed** 7 Mar 44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3-11-1944 Chas. W. ... (Successor Emballer'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 *Lubicon 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.**