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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15541

Registration District No. 290 FILED MAY 15 1944

Primary Registration District No. 5983

Registrar's No. (10) 47

1. PLACE OF DEATH:

(a) County: Pulaski

(b) City or town: Ft. Leonard Wood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: D O A (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community years, months or days): 1 month 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Colorado (b) County: Denver

(c) City or town: Denver (If outside city or town limits, write "RURAL")

(d) Street No.: 720 W. Fourth Ave. (If rural, give location)

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

If yes, name country: ———

3. (a) PRINT FULL NAME: Alfred L. Holloway

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: Married

6. (b) Name of husband or wife: Ida D. Holloway

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

7. Birth date of deceased: November 4, 1918 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
25	6	3	hr. min.

9. Birthplace: Stratton (Kit Carson Cty) Colo. (City, town, or county) (State or foreign country)

10. Usual occupation: Soldier - US Army - 37332284

11. Industry or business: Pfc - Hq Btry - 661 FA Bn.

FATHER

12. Name: Glen H. Holloway

13. Birthplace: ——— (City, town, or county) unknown (State or foreign country)

MOTHER

14. Maiden name: Elva K.

15. Birthplace: ——— (City, town, or county) unknown (State or foreign country)

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

(b) Address: Ft. Leonard Wood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Burlington Colo.

18. (a) Signature of funeral director: W. E. Hoelman

(b) Address: Lebanon Mo.

19. (a) May 8 1944 (Date received local registrar) (b) Robert A Murray Wed (Registrar's signature) MC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from ~~XXXXXX~~ was dead on admission to hospital at 4 PM 7 May, 19 44 that I last saw him alive on ———, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemopneumothorax, left (1800 cc)

Due to: wound, gunshot, .30 cal. perforating, left thorax (self-inflicted)

Due to:

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.

164C

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

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

(b) Date of occurrence: May 7 1944

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Barracks #1350, Ft. Leonard Wood, Mo. (Specify type of place)

While at work? No (e) Means of injury: .30 cal. carbine

23. Signature: Wilbur F. Schumpp Capt MC (M. D. or other) USA

Address: Ft. Leonard Wood, Mo. Date signed: 8 May 44

MAY 11-1944 Clerk Board of Reg

(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. Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address. Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.