Case Reported To Bureau of Census Washington D.C.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18732

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Camp Crowder, Mo W Bear Cr

(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 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Mass (b) County unknown 19

(c) City or town Somerville

(If outside city or town limits, write "RURAL") 0

(d) Street No. 229 Pearl St

(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Frederick R. Augusta

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 September (Month) 20 (Day) 1925 (Year)

8. AGE: Years 18 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Wilmington (City, town, or county) Mass (State or foreign country) 1

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Mr Charles E Augusta
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Mrs Irene P Augusta
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Soldier's Service Record

(b) Address Camp Crowder, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 3, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Somerville, Mass.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 5-5-1944 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour 3 minute 30 p.M.

21. I hereby certify that I attended the deceased from May 3, 1944, to May 3, 1944; that I last saw him ~~alive on~~ dead May 3, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple compound fractured ribs right and left with bilateral lung perforation; collapse and hemorrage with bilateral hemothorax.

Due to Accident

Due to

Other conditions Fractured spine (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy As above

Duration

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) Accident 073

(b) Date of occurrence May 3, 1944

(c) Where did injury occur? Camp Crowder (City or town) Newton (County) Mo (State)

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

While at work? Yes (e) Means of injury truck accident

23. Signature Milton J Blake (M. D. or other) KC

Address Camp Crowder, Mo Date signed 4 May 44

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-15-44

District Health Officer No. .....

District File Number 544-108

Date Filed 5-16-44

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 Emm R Stuell

Licensed Embalmer No. 391

P. O. Address Carthage

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.