DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21100

FILED JUL 7 1944

Registration District No. 1 Primary Registration District No. 1000 Registrar's No. 687

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Base Hosp. Rosecrans Field
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Da (Specify whether years, months or days)

In this community 3 Mo. 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. Rosecrans Field 7
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Pvt. Ernest T. Hollock

3. (b) If veteran, name war Ser. # 39554201 WW. #2

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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 ? (Month) ? (Day) 1921 (Year)

8. AGE: Years 23 Months ? Days ? If less than one day hr. min.

9. Birthplace Russellville (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation U.S. Army

11. Industry or business

FATHER
12. Name Unknown 0
13. Birthplace ✓ (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mrs Geo. Brown (Foster Mother)
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Post Records 1

(b) Address Rosecrans Field

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Russellville Ark

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Mo.

19. (a) 7/2/44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1944 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 26, 1944, to July 1, 1944 that I last saw him alive on July 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage from duodenal ulcer	?
Due to Ruptured blood vessel at ulcer site	6 days
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1-17a

Of autopsy Large ruptured artery ½ inch below pylorus (internal)

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Robert H. Deturlu Capt. MC (M.D. or other)

Address Rosecrans Field St. Joseph Mo. Date signed 7/1/44

1377 (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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, M

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

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