

FILED OCT 9 1944

State File No. _____

Registration District No. 126

Primary Registration District No. 5605

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Knobnoster - Mo. Railroad
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital
Sedalia AAFld., Warrensburg, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None 3
(Specify whether years, months or days) ASN
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County - 99
(c) City or town Council Bluffs 13
(If outside city or town limits, write "RURAL")
(d) Street No. 191 14th Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME 2nd Lt David A. Flack O-687121

3. (b) If veteran, name war World War #2 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 Darline B. Flack 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased September 19 1919
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------------|
| | <u>24</u> | <u>11</u> | <u>26</u> | <u>-</u> hr. <u>-</u> min. |

9. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

MOTHER FATHER {

12. Name O. E. Flack

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army Records
(b) Address Sedalia AAFld, Warrensburg, Mo.

17. (a) Removal (b) Date thereof Sept 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Council Bluffs, Iowa

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Missouri

19. (a) 9-15-1944 (b) Mrs. C. L. Saults
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14
year 1944 hour 1:00 minute 2 P. M.

21. I hereby certify that I attended the deceased YES 14 Sept. 1944
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 Dismemberment and extensive 3rd degree burns.

Due to 173

Due to 173

Other conditions 173
(Include pregnancy within 3 months of death)

Major findings: None performed

Of operations None performed

Of autopsy None performed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident Plane collision and crash
(b) Date of occurrence 14 September 1944

(c) Where did injury occur? Sedalia AAFld, Warrensburg, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near Army Airport

While at work? Yes (Specify type of place) (e) Means of injury Plane crash

23. Signature Paul C. Hester (M. D. or other) M. C.
Address Station Hospital, Sedalia Date signed 9/15/44

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

067 6 1949

AUG 23 1949

AUG 4 1949

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sidonia 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.