

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31542**
Registrar's No. **(30) 96**

FILED SEP 20 1944

Registration District No. **2224**

Primary Registration District No. **5983**

1. PLACE OF DEATH:

(a) County. **Pulaski**
(b) City or town. **Fort Leonard Wood, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Regional Station Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
In this community **2 months, 16 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank R. Allen**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Joyce Arvilla Allen** 6. (c) Age of husband or wife if alive **unknown** years
7. Birth date of deceased **December 16 1918**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 8 16 hr. min.

9. Birthplace **San Antonio Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier - U S Army - 39478203**
Pvt. Co D, 33rd ET Bn, ASFTC

11. Industry or business
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Certrude Allen**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **U-S Army Records**
(b) Address **Fort Leonard Wood, Mo.**
17. (a) **Removal** (b) Date thereof **9-14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **San Antonio Texas**

18. (a) Signature of funeral director **W.E. Holman**
(b) Address **Lebanon Mo**
19. (a) **14 Sept 1944** (b) **Wm. M. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oregon** (b) County **Multnomah**
(c) City or town **Portland**
(If outside city or town limits, write "RURAL")
(d) Street No. **1713 N. E. Second Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **12**
year **1944** hour **10** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **9:10 A. M.,**
September 7 19 **44** to **10:45 PM, Sept 12, 1944.**
that I last saw him alive on **September 12, 1944.**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tetanus, acute** Duration

Due to **Clostridium Tetani.**

Due to

Other conditions **1952**
(Include pregnancy within 3 months of death)

Major findings: Of operations **99**

Of autopsy **As above**

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

(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **31 August 1944**
(c) Where did injury occur? **Ft 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?

While at work? **Yes** (Specify type of place) **Explosion of**
(e) Means of injury **booby trap.**

23. Signature **Wm. M. Smith** (M. D. or other) **W.D.**
Address **Fort Leonard Wood, Mo.** Date signed **14 Sept 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.....

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 with the above constitutes grounds for revocation of license.)

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