

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

31549

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. (32) 91

Registration District No. 290

Primary Registration District No. 5983

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Fort Leonard Wood, Mo. (outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DOA, Regional Station Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ---
 In this community 3 months, 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Arkansas (b) County Pulaski
 (c) City or town Little Rock
 (If outside city or town limits, write "RURAL")
 (d) Street No. ---
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME Vernon Jack Hively
 3. (b) If veteran, name war ---
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased May 17 1917
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>27</u>	<u>4</u>	<u>8</u>	hr. _____ min.

9. Birthplace Little Rock Arkansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Soldier - U S Army - 20727248

11. Industry or business Pfc - Co A, 1343 Engr C. Bn

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Ola Hively

15. Birthplace unknown Arkansas
 (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 9-27-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock ark.

18. (a) Signature of funeral director W.E. Holman

(b) Address Letang mo.

19. (a) 27 Sept 1944 (b) Wm. C. Smith, Capt Moe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25
 year 1944 hour 4 minute 15 P.M.

21. I hereby certify that ~~the deceased~~ was DOA this 144
Regional Sta Hosp, 19, to Sept 25, 1944;
 that I last saw h. --- alive on ---, 19---
 and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound of head Duration _____
 Due to accidental discharge of M-1 rifle.

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy As above

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

(b) Date of occurrence 25 September 1944 (4:15 PM)

(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?
Barracks #3067

(Specify type of place) While at work? No (e) Means of injury M-1 rifle

23. Signature Robert A. Swide M. D. or other _____

Address Fort Leonard Wood Mo Date signed 27 Sept 44

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

500

9-30-1944: 11:16 L. M. O. (Licensed Embalmer's Statement on Reverse Side)

APR 3 1947

MAR 25 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 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: