

S. No. 2
M-8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33942

State File No. _____

FILED NOV 8 1944
Bureau of Vital Statistics, Washington, D.C.

Registration District No. 29

Primary Registration District No. 5226

Registrar's No. 166

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Unknown
(c) City or town Redlands
(If outside city or town limits, write "RURAL")
(d) Street No. 626 Luio's Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME F/O Raymond Clarence Ernst T-4111

3. (b) If veteran, name war World War #2
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 Patricia J. Ernst
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April 27 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 6 2 - hr. - min.

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

10. Usual occupation Soldier

11. Industry or business U. S. Army

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pomona California

18. (a) Signature of funeral director Geo Dickard

(b) Address Sedalia, Mo.

19. (a) Oct 31, 1944 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1944 hour 8:30 minute _____ A. M.
21. I hereby certify that I attended the deceased Oct 29 Oct 1944
_____ 19 _____ to 29 Oct 19 44.

that I last saw him alive Never _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Dismemberment 2. Crushing of skull. 3. Incineration

Due to _____

Due to _____

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

Major findings: None performed

Of operations None performed

Of autopsy None performed

22. If death was due to external causes, fill in the following:
(a) Accident, Plane crash (specify) 04

(b) Date of occurrence 29 Oct 1944

(c) Where did injury occur? Rural, Grandview, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U. S. Army landing field
(Specify type of place)

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

23. Signature Max M Holdenkranz (M. D. or other) M.C.
Address Station Hospital, Sedalia Date signed 10/30/44
Army Air Field, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1945

AUG 29 1946

DEC 8 1944

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.....

Licensed Embalmer No. 3817

P. O. Address.....

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.