

Registration District No. 290

Primary Registration District No. 5983

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Fort Leonard Wood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Regional Hospital, Ft Leonard Wood, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hrs, 25 minutes
(Specify whether
In this community 1 yr, 7 months
years, months or days)

3. (a) PRINT
FULL NAME

Jerome William Cassmeyer

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male

5. Color or

race white

6. (a) Single, widowed, married,

divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive --- years

7. Birth date of deceased

May

(Month)

9

(Day)

1943

(Year)

8. AGE:

Years

1

Months

7

Days

13

If less than one day

hr. min.

9. Birthplace

Vienna

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Mr. Cassmeyer

13. Birthplace Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Bertha Billet

15. Birthplace Rich Fountain, Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant Bertha Hobbs

(b) Address 126 Arlington Circle, Housing Area, Ft Leonard Wood, Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12-24-44

(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

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

(b) Address Lebanon, Mo

19. (a) 23 Dec 44

(Date received local registrar)

(b) Rev M. Smith Capt Mac

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Pulaski

(c) City or town

Fort Leonard Wood, Missouri

(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22

year 1944

hour 11

minute 35 A. M.

21. I hereby certify that I attended the deceased from 3:00 P.M.,

21 December 1944, to 11:35 AM 22 Dec 1944;

that I last saw him alive on 22 December 1944;

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration

Due to

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:

(c) 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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature John H. ... (M. D. or other)

Address Fort Leonard Wood, Mo Date signed 23 Dec 44

Dec-26-1944 (Recorded and Indexed) Statement on Reverse Side

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

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.....

No Embalming....., 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.