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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1944

Registration District No. 290

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41921

Primary Registration District No. 5983

Registrar's No. (42) 113

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community since September 2, 1944

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) ~~xxxxx~~ Former Rt. # 2, Licking, Missouri
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William J. Fanger

3. (b) If veteran, name war

3. (c) Social Security No. 402-01-3664

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 6, 1894 (Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Chillicothe (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Civilian Employee-Brick Mason & Cement Finisher

11. Industry or business Post Engineer, Ft. L Wood, Mo.

FATHER
12. Name Francis C. Fanger
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Civilian Personnel

(b) Address Fort Leonard Wood, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 5th 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Overland, Mo.

18. (a) Signature of funeral director Smith-Hollow

(b) Address Rolla, Mo.

19. (a) 10 Nov. 1944 (Date received local registrar) (b) Lex M. Pruitt Capt, MAC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5 year 1944 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 3 November, 1944 to 8:20 AM 5 November 1944 that I last saw him alive on 5 November 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, secondary to arteriosclerosis and

~~xxxx~~ Fracture, compound, lower third tibia and fibula right leg;

~~xxxx~~ Fracture, compound, comminuted, tibia and fibula, lower third, left leg and wound, multiple, abrased

Other conditions moderately severe face.

Major findings:
Of operations

Of autopsy None

Duration

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 3 Nov 1944 (7 AM)

(c) Where did injury occur? Fort 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?
Iowa Street, Fort Leonard Wood, Missouri.
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MW

Address Ft. Leonard Wood, Mo. Date signed

12-18-1944 Chas M Todd Co Rep

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1947

DEC 26 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 [signature]

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.