

Registration District No. 290

Primary Registration District No. 5983

State File No. \_\_\_\_\_

Registrar's No. (47) 111

**1. PLACE OF DEATH:**

(a) County Pulaski  
(b) City or town Fort Leonard Wood, Mo (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DOA, 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 0  
In this community Since 11 October 1944  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State New York (b) County Stauben 999  
(c) City or town Corning 30  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. --  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -- 2

**3. (a) PRINT FULL NAME**

Jesse B. Maring

3. (b) If veteran, name war --

3. (c) Social Security No. Unknown

4. Sex Male 0  
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 January 25 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>10</u>	<u>6</u>	hr. <u>--</u> min. <u>--</u>

9. Birthplace Bradford New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier - U S Army - 32585672

11. Industry or business Pvt - Co A, 1292nd Engr C Bn

12. Name Unknown

13. Birthplace " 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " 9  
(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 12-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corning New York

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

(b) Address Lebanon Mo

19. (a) 2 Dec 1944 (b) Gen M. Smith Capt MC  
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

12-6-1944 11 Chas W

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 1  
year 1944 hour 5 minute A. M.

21. I hereby certify that ~~the~~ the deceased was DOA, Regional Hospital 1 Dec 19 44 to \_\_\_\_\_, 19 \_\_\_\_\_;

that I last saw h -- alive on -- 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations \_\_\_\_\_

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 1 December 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?  
Barracks Bldg #243, Ft Leonard Wood, Mo.

While at work? no (Specify type of place) (e) Means of injury shot

23. Signature Walter J. King Major MC (M. D. or other) 75

Address Fort Leonard Wood, Mo. Date signed 2 Dec 44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUN 14 1954

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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 Deisy 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.

State File No. \_\_\_\_\_

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Curlew sup.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Jesse B. Manning

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Jan 25 1945  
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I have saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death: acute alcoholism Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ INFORMATION

Of operations: \_\_\_\_\_ REQUESTED

Congestion of cerebral veins, hyperplasia of stomach, dilatation of space, dilatation of head, Alcohol (ethyl) in blood & spinal fluid

22. If death was due to external causes, fill in the following: whiskey & beer 4.5 mg per c.c.

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 1 December 1945

(c) Where did injury occur? St. 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? in Barracks - Bldg # 243

While at work? No. (Specify type of place) (e) Means of injury whiskey & beer

23. Signature W. J. Foster Jr. M.D. (M. D. or other) \_\_\_\_\_

Address Regional Hospital Date signed Jan 48  
St. Leonard Wood, Mo.

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which should be charged statistically.

S-41927 1944