No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41929

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. (4W) 108

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Fort Leonard Wood, Mo. (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 DOA (Specify whether In this community 3 months 26 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Koochiching 999
(c) City or town Little Fork (If outside city or town limits, write "RURAL") 21
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Luverne T. Pettis
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna I.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 15 (Day) 1909 (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	7	6	hr. min.

9. Birthplace Souk Center (City, town, or county) Minnesota (State or foreign country) 1
10. Usual occupation Soldier-US Army-37572879
11. Industry or business T/5, Co C, 270 Engr Bn.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant U.S. Army Records
(b) Address Fort Leonard Wood, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11 (Month) 23 (Day) 44 (Year)
(c) Place: burial or cremation Little Fork Minn.
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) 22 Nov. 1944 (Date received local registrar) (b) Rex M. Chritt Capt MoC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1944 hour 1 minute P M.
21. I hereby certify ~~that I attended~~ the deceased ~~xxx~~ was DOA this Regional Hospital ~~x~~ 21 November 1944; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Wounds, multiple, traumatic, of head, arms, legs.
Due to dynamite explosion.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

1952
35

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 085
(b) Date of occurrence 21 November 1944
(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? 1½ miles west of Bloodland in Division Tng. Area. (Specify type of place)
While at work? (e) Means of injury dynamite explosion.
23. Signature Wilson T. Foster Jr. Major M.C. (M. D. or other) W.D.
Address Ft. Leonard Wood, Mo. Date signed 22 Nov 44

Nov 21 1944 117 Chas M Scott Reg

(Licensed Embalmer's Statement on Reverse Side)

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.