

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17856

State File No.

Registrar's No. (17) 36

FILED JUN 14 1945

Registration District No. 290

Primary Registration District No. 5983

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 Station Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community 21 days
years, months or days)

3. (a) PRINT
FULL NAME

Aldo Bartoli

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 November
(Month) (Day) (Year)

16 1921
(Day) (Year)

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

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

10. Usual occupation Soldat-IE-906728 Internment No. 9 WI 3708

11. Industry or business PW - asgd PW-SCU 1718, Ft L Wood

12. Name Unknown Mo.

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

14. Maiden name Unknown

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

16. (a) Informant POW Camp Records

(b) Address Fort Leonard Wood, Mo.

17. (a) Burial (b) Date thereof 5-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation It wood mo.

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

(b) Address Lebanon, Mo.

19. (a) 24 May 1945 (b) Capt M. Pruitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Country Italy
(a) State Italy (b) Province Fiene
(c) City or town 26 Via Marconi
(If outside city or town limits, write "RURAL")
(d) Street No. 26 Via Marconi
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1945 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 1
19.45 to May 22 19.45
that I last saw him alive on May 22 19.45
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Carcinoma of sigmoid
(2) Cachexia, secondary to carcinoma. Duration

Due to

Due to

Other conditions (1) Carcinoma of sigmoid
(Include pregnancy within 3 months of death)

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)

(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)

23. Signature David C. Pruitt (Specify type of place)

Address Fort Leonard Wood, Mo. Date signed 24 May 45

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Dorsey M. Haine

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.