S. No. 2
0M—7-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1945

Registration District No. 166

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 260 S

State File No. 20674

Registrar's No. 13

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Knobnoster, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital Sedalia Army Air Field, Warrensburg, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DEACESED:
(a) State Mississippi (b) County Unknown
(c) City or town Bassfield
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cpl H. L. Applewhite ASN 34628013
3. (b) If veteran, name war World War II
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race Colored
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) 16 (Day) 1923 (Year)
8. AGE: Years 22 Months 1 Days 12 If less than one day hr. min.
9. Birthplace Bassfield (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Soldier
11. Industry or business U. S. Army
12. Name Unknown (Father)
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Willie M. E. Applewhite (Mother)
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant U.S. Army Records
(b) Address Sedalia AAFld, Warrensburg, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 29 June 1945 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address Sedalia, Missouri
19. June 30-1945 (Date received local registrar) (b) Mrs C. L. Foulk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1945 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 28 June 1945 to 28 June 1945; that I last saw him alive on 28 June 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Major Findings: 1-Skull fracture, left, temporal bone, compound, comminuted.
2-Wound, lacerated, left, cheek.

Duration

Other conditions
(Include pregnancy within 3 months of death)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings:
Of operations None performed
Of autopsy None performed

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) Automobile (jeep) accident.
(b) Date of occurrence 28 June 1945
(c) Where did injury occur? Knobnoster (City or town) Johnson (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3 miles east of Knobnoster, Mo, Highway 50. (Specify type of place)
While at work? Yes (e) Means of injury Automobile (jeep) accident
23. Signature Ross Bizzell (M. D. or other)
Address Station Hospital, Sedalia AAFld, Warrensburg, Missouri MO Date signed 29 June 1945

1346 (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. [illegible]

Licensed Embalmer No. 4745

P. O. Address. Sedalia 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.

o. 2
2-43
.7-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 166 — Primary Registration District No. 5605 — Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Knobnoster, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital Sedalia Army Air Field, Warrensburg, Mo
(If not in hospital or institution, write street address or location)
(d) Length of stay: In hospital or institution: None
In this community: Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mississippi (b) County: Unknown
(c) City or town: Bassfield
(d) Street No.: Route #2 (If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Cpl M. L. Applewhite ASN 34628013
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: Colored
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) 16 (Day) 1923 (Year)

8. AGE: Years 22 Months 1 Days 12 If less than one day: — hr. — min.

9. Birthplace: Bassfield (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Soldier
11. Industry or business: U. S. Army
MOTHER FATHER
12. Name: Unknown Unknown
13. Birthplace: (City, town, or country) (State or foreign country)
14. Maiden name: Willie M. L. Applewhite
15. Birthplace: Unknown Unknown (City, town, or country) (State or foreign country)
16. (a) Informant: U.S. Army Records
(b) Address: Sedalia AAFld, Warrensburg, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 29 June 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: [illegible]
18. (a) Signature of funeral director: [illegible]
(b) Address: Sedalia, Missouri
19. (a) June 30-1945 (Date received local registrar) (b) C. C. Saulto (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1945 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from 28 June 1945, to 28 June 1945, that I last saw him alive on 28 June 1945, and that death occurred on the date and hour stated above.
Immediate cause of death: Cerebral Hemorrhage — Duration
Major Findings: 1-Skull fracture, left, temporal bone, compound, comminuted.
Due to: 2—Wound, lacerated, left, cheek.
Due to: Overturning of an army jeep
Other conditions (Include pregnancy within 3 months of death):
Major findings: None performed
Of operations: None performed
Of autopsy:

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): Automobile (jeep) accident
(b) Date of occurrence: 28 June 1945
(c) Where did injury occur? Knobnoster Johnson Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3 miles east of Knobnoster, Mo, Highway #50.
While at work? Yes (Specify type of place) (e) Means of injury: Automobile (jeep) accident
23. Signature: Ross Bezzell (M. D. or other) MC
Address: Station Hospital, Sedalia AAFld, Warrensburg, Missouri Date signed: 29 June 45

(Licensed Embalmer's Statement on Reverse Side)

Accident was not collision of two cars. Occurred 3 miles east of Knob noster, missouri Highway #50. when they ran off road + overturned.

S-20674

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 Hugh Alexander

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.