S. No. 2
M—9-4-41
V. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 333

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21496

Primary Registration District No. 3074

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital, DOA, Regional Station Hospital, Ft L Wood, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs. (Specify whether years, months or days)
In this community 8 months.

2. USUAL RESIDENCE OF DECEASED:
Country: (a) ~~XXXX~~ Germany (b) County:
(c) City or town: Eueruvach (If outside city or town limits, write "RURAL")
(d) Street No. -- (If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country: Germany

3. (a) PRINT FULL NAME: Wanninger, Georg
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: June (Month) 9 (Day) 1926 (Year)
8. AGE: Years 18 Months 11 Days 22 If less than one day ___ hr. ___ min.
9. Birthplace: Eueruvach (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Soldat - Internment No. 81G262233
11. Industry or business: PW - Camp Marston, Mo.
FATHER
12. Name: Josef Wanninger
13. Birthplace: Francis 13B, Eueruvach, Krs Pfaffenhofen, (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Unknown.
15. Birthplace: Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant: POW Camp Records,
(b) Address: Fort Leonard Wood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Ft Leonard Wood Mo
18. (a) Signature of funeral director: W. E. Holman
(b) Address: Lebanon Mo
19. (a) 4 June 1945 (Date received local registrar) (b) Rex M. Pruitt Capt MC (Registrar's signature)
6/12/45 310 Jane Langham

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1945 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased ~~XXXXX~~ DOA, Regional Station Hospital, 12:15 PM, June 3, 1945 that I last saw h. alive on ___ 19___; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture, skull, basal left, involving occipital bone, foramen magnum and greater wing of ~~XXX~~ the sphenoid with accompanying brain damaged hemorrhage.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: NPE-8
Of autopsy: As above. 1 20

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: June 2, 1945
(c) Where did injury occur? 3 mi W Lilburn (City or town) New Madrid (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? Yes (Specify type of place) (e) Means of injury: Fell from truck, enroute to camp from work project. Truck-road.
23. Signature: Robert Lee Boyd (M. D. or other)
Address: Fort Leonard Wood, Mo. Date signed: 4 June 45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 645-869
Date Filed 6-14-45

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed W. E. Holman

Licensed Embalmer No. 4107

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.