V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1945

State File No. 24738

Registration District No. 296 Primary Registration District No. 5983 Registrar's No. (18) 54

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 -- (Specify whether In this community 6 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Union 991

(c) City or town El Dorado (If outside city or town limits, write "RURAL") 3

(d) Street No. 1000 East Main Street (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country --

3. (a) PRINT FULL NAME Coy A. Dumas

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 Married 1

6. (b) Name of husband or wife Clara Maxine Dumas

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

7. Birth date of deceased January (Month) 23 (Day) 1918 (Year)

8. AGE: Years 27 Months 5 Days 3 If less than one day hr. min.

9. Birthplace El Dorado (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Soldier - U S Army - 38721223

11. Industry or business Pvt - Co A, 40th ET Bn, ASFTC

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

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

16. (a) Informant U S Army Records

(b) Address Fort Leonard Wood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 - 26 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Ark

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

(b) Address Lebanon Mo.

19. (a) 27 June 1945 (Date received local registrar) (b) Rex M. Pruitt, Capt MAC (Registrar's signature)

7-2-1945 Chas M Dodd Co Dr

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1945 hour Approx. 2 minute 30 P. M.

21. I hereby certify that the deceased DOA, Regional Station Hospital 2:50 PM, 26 June 45 that I last saw h alive on -- 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of liver and spleen

Due to injuries in vehicle accident

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.

22. If death was due to external causes, fill in the following: 85

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

(b) Date of occurrence 26 June 1945

(c) Where did injury occur? Ft L Wood, Pulaski Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 5 mi. S. Insp. Pt. #3 on Big Piney (Specify type of place)

While at work? Yes (e) Means of injury 2½ Ton Truck Overturned

23. Signature R E Campbell (M. D. or other)

Address Ft Leonard Wood, Mo. 0 Date signed 27 June 45

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1945

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.