24740

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1945

State File No.

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. (14) 48

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

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 months - 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Columbia 994

(c) City or town Clatskanie
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #1.
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Hill, Edward A.

3. (b) If veteran, name war —

3. (c) Social Security No. Unknown

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 March (Month) 26 (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	2	8	hr. min.

9. Birthplace Rudyard (City, town, or county) Michigan (State or foreign country) 1

10. Usual occupation Soldier - U S Army - 36237846

11. Industry or business Pfc - Hq Co, ASFTC

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

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

16. (a) Informant U S Army Records

(b) Address Fort Leonard Wood, Missouri.

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

(c) Place: burial or cremation Clatskanie, Oregon

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

(b) Address Lebanon, Mo

19. (a) 5 June 1945 (Date received local registrar) (b) Rex M. Pruitt Capt MAC (Registrar's signature)

6-19-1945 1170 Chas M. Ordel

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1945 hour 4 minute 00 P.M.

21. I hereby certify that ~~XXXXXX~~ the deceased ~~XXX~~ DOA, Regional Station Hospital, 19 , to June 4, 1945;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia

Due to perforation of both lungs.

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:

(a) Accident, suicide, or homicide (specify) accident 85

(b) Date of occurrence June 4, 1945

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Road, between Gate #3 & Big Piney, Ft L Wood, Mo.
(Specify type of place)

While at work? Yes (e) Means of injury Weapon-carrier overturned.

23. Signature [signature] (M. D. or other)

Address Ft Leonard Wood, Mo Date signed June 45

(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

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.