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24744

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. (15) 47

1. PLACE OF DEATH:

(a) County: Pulaski

(b) City or town: Ft Leonard Wood, Mo. (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 years, months or days)

In this community: 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Texas (b) County: Angelina

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

(d) Street No. (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: Benjamin Manley

3. (b) If veteran, name war: —

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: Negro

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: December (Month) 1 (Day) 1922 (Year)

8. AGE: Years 22 Months 6 Days 6 If less than one day hr. min.

9. Birthplace: Manning (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Soldier - U S Army - 38057002

11. Industry or business: T/5 - 3077 Engr Dump Truck Co.

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

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

16. (a) Informant: U S Army Records.
(b) Address: Ft Leonard Wood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/8/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Luffkin Texas

18. (a) Signature of funeral director: W. E. Holman
(b) Address: Lebanon Mo

19. (a) 8 June 1945 (Date received local registrar) (b) Rex M. Pruitt Capt MAC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1945 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased DOA, Regional Station Hospital, 19 to June 7, 19 45 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Perforating wound of right ventricle of heart, causing exsanquination; left hemothorax, 2000 cc; collapse of left lung.

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): homicide
(b) Date of occurrence: June 7, 1945.
(c) Where did injury occur? Ft Leonard Wood (City or town) Pulaski (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Guest House #3, Ft Leonard Wood, Missouri. (Specify type of place)
While at work? No (e) Means of injury: stabbed

23. Signature: L. E. Sharpe (M. D. or other)
Address: Ft Leonard Wood, Mo. Date signed: 8 June 45

6-19 1945 E. Kaiser Coroner

(Instructions for Enumerator's Statement on Reverse Side)

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

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.