. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24752

FILED JUL 21 1945

Registration District No. 1260

Primary Registration District No. 5983

Registrar's No. (19) 55

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

85
0
0

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: Regional Station Hospital, Ft Leonard Wood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution approx 3 hours (Specify whether
In this community 5 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Crosby 999

(c) City or town Ralls 41
(If outside city or town limits, write "RURAL")

(d) Street No. Star Route, c/o W. H. Eller 0
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME WILLIE L. TONEY

3. (b) If veteran, name war --

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Olivia Toney

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

7. Birth date of deceased October (Month) 20 (Day) 1924 (Year)

8. AGE:

Years	Months	Days	If less than one day
20	8	9	hr. min.

9. Birthplace Winchester (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Soldier - U S Army - 38713226

11. Industry or business Pvt - Co B, 36th ET Bn, ASFTC

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant U S Army Records
(b) Address Fort Leonard Wood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lubock Texas

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

19. (a) 30 June 1945 (Date received local registrar) (b) Rex M. Arnett Capt MAC (Registrar's signature)

7-5-1945 Thos M Donald Co Pres

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12:05 PM
29 June, 1945 to 29 June, 1945;
that I last saw him alive on 29 June, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Meningococcemia with Waterhouse-Friedrichsen's syndrome.

Due to

Due to

Other conditions 6
(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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. J. Brown Maj (M. D. or other)

Address Fort Leonard Wood Mo Date signed 30 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.....

....., 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.