No. 2
-2-
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28069

State File No.

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Camp Crowder, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ASF Regional Station Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 4 months & 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11

(c) City or town Easton 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt #1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Ernest M. McDowell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 25 (Day) 1923 (Year)

8. AGE: Years 22 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Gower (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Prince McDowell
13. Birthplace " (City, town, or county) (State or foreign country)

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

16. (a) Informant Soldier's Service Record
(b) Address Camp Crowder, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug (Month) 30 (Day) 1945 (Year)
(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 8-31-45 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1945 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 28 August 1945, to 29 August 1945; that I last saw him alive on 29 August 1945; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Subarachnoid hemorrhage, post-traumatic; (2) Pneumonia, hypostatic, severe, both lungs.

Due to (1) Fracture, simple, complete, skull, basilar; (2) Fracture, simple, complete, junction proximal & middle thirds, right femur; (3) Contusion, severe, chest, bilateral.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Of autopsy As above

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, auto.

(b) Date of occurrence 28 Aug 45 73

(c) Where did injury occur? Neosho, Newton, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Junction Hiway 60 & 71, Neosho, Mo.
(Specify type of place)

While at work? (e) Means of injury Auto wreck

23. Signature Frank Wilson Jr. (M. D. or other) MC
Address Camp Crowder, Mo. Date signed 8/30/45

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 4 1945

Health Officer No. Newton

Distr. Member 845-154

Date I

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 Frank W. Knell Jr., Registered Apprentice No. 379 working under my personal supervision.

Signed Emma L. Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.

No. 2B
-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 10K

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Camp Crowder (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Ernest M. McDowell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 28 (Day) 1923 (Year)

8. AGE: Years 22 Months 0 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug 29 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Subarachnoid hemorrhage, post-traumatic; (2) Pneumonia, hypostatic, severe, both lungs.

Due to (1) Fracture, simple, complete, skull, basilar; (2) Fracture, simple, complete, junction proximal & middle thirds, eight femur; (3) Contusion, severe, chest, bilateral.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation Collided with other Army truck

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Auto.

(b) Date of occurrence 28 Aug 45

(c) Where did injury occur? Neosho, Newton, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Junction Hiway 60 & 71, Neosho, Mo. (Specify type of place)

While at work? (e) Means of injury Auto Wreck

23. Signature Frank Wilson Jr. Capt. (M. D. or other) MC

Address Camp Crowder, Mo. Date signed

SUPPLEMENTARY

S-28069