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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38250

Registration District No. 290 | Primary Registration District No. 5983 | Registrar's No. 25

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 L Wood, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 days (Specify whether years, months or days)
In this community 3 months 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mississippi (b) County Jefferson
(c) City or town McNair
(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 Hollis C. Abel
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 Married
6. (b) Name of husband or wife Lettie Mae Abel
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased August (Month) 18 (Day) 1912 (Year)

8. AGE: Years 33 | Months 3 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Phoenix (City, town, or county) Mississippi. (State or foreign country)
10. Usual occupation Soldier - U S Army - 38 451 660
11. Industry or business Cpl - Hq Co, ASFTC

FATHER
12. Name George H. Abel
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 Fort Leonard Wood, Missouri.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Fayatte, Miss
18. (a) Signature of funeral director Smith-Holland
(b) Address Rolla, Mo.
19. (a) Nov 23 1945 (Date received local registrar) (b) Martin E Brandt 1st Lt MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1945 hour 1000 minute 00 A. M.
21. I hereby certify that I attended the deceased from 28 September, 1945, to 18 November, 1945; that I last saw him alive on 18 November, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of upper lobe, left lung.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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

23. Signature Abraham Bernstein MAJ MC (M. D. or other)
Address F. L. Wood Mo Date signed 19 Nov 45

1170

(Licensed Embalmer'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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3646

P. O. Address Excelsior Springs, 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.