S. No. 2
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I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38252

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 26

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: Regional Station Hospital, Ft Leonard Wood, Mo (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 10 months, 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Cambria 997

(c) City or town Nanty Glo (If outside city or town limits, write "RURAL") 36

(d) Street No. 1110 Second Street (If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME: John D. McCabe

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

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Ethel G. McCabe

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

7. Birth date of deceased April (Month) 28 (Day) 1911 (Year)

8. AGE: Years 34 Months 6 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) (State or foreign country) 4

10. Usual occupation Soldier - U S Army - 01119093

11. Industry or business 2d Lt - Co A, 31st 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) 9

16. (a) Informant U S Army Records

(b) Address Fort Leonard Wood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 27 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Nanty Glo, Penn

18. (a) Signature of funeral director Smith-Hollow [signature]

(b) Address Rolla, Mo.

19. (a) Nov. 29, 1945 (Date received local registrar) (b) Marlin Brandt, [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1945 hour 0460 minute 10 a. M.

21. I hereby certify that I attended the deceased from 24 November, 1945, to 26 November, 1945 that I last saw him alive on 26 November, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple fractures of base of skull

Due to automobile accident.

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: 80

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

(b) Date of occurrence 0 a 2:00 AM, 24 November 1945

(c) Where did injury occur? near St James-Phelps-Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 mile west of St James, Mo on Hiway #66 (Specify type of place)

While at work? No (e) Means of injury Pedestrian struck pick-up truck

23. Signature Lawrence Taylor Capt MC (M. D. or other)

Address Fort Leonard Wood Mo. Date signed 26 Nov 45

1170 (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 J. S. Hallaw

Licensed Embalmer No. 3643

P. O. Address Rolla, 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.