DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3730

FILED FEB 2 1946

Registration District No. 290 — Primary Registration District No. 5983 — Registrar's No. (4) 6

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

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Ft Leonard Wood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community Indefinite

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski
(c) City or town Ft Leonard Wood (If outside city or town limits, write "RURAL")
(d) Street No. Civilian Barracks #465 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pvt Mary Baker
3. (b) If veteran, name war ---
3. (c) Social Security No. ---

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 6 (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day unknown--but only few minutes likely min.

9. Birthplace Ft Leonard Wood (City, town, or county) Missouri (State or foreign country)
10. Usual occupation ---
11. Industry or business ---

MOTHER FATHER
12. Name Virgil Darr
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Grace Leora Koch
15. Birthplace Keshobe (City, town, or county) Okla (State or foreign country)

16. (a) Informant Mother - Grace Baker
(b) Address Ft Leonard Wood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 16 Jan 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Ft Leonard Wood, Mo.
18. (a) Signature of funeral director [illegible] O. Dorleton
(b) Address Ft Leonard Wood, Mo.
19. (a) 16 Jan '46 (Date received local registrar) [illegible] (Registrar's signature)

1-18-46 [illegible] Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6 year 1946 hour approx 4 minute a M.

21. I hereby certify that I attended the deceased from ~~xxxxxx~~ was Dead on Arrival, Regional Sta Hosp 6 Jan, 1946; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia	
Due to Trauma	
Due to ADDITIONAL, SUPPLEMENTAL INFORMATION REQUESTED	
Other conditions ~~xxxxxxxx~~ xx (Include pregnancy within three months of death)	
Major (Retropharyngeal interstitial	
~~Major findings of operation~~ (Hemorrhage, Contusion and —	
Findings (Laceration pharyngo-esophageal	
Of autopsy (Junction, contusion of	
(neck.	

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) not known
(b) Date of occurrence 6 January 1946
(c) Where did injury occur? Ft Leonard Wood, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Civilian Barracks #465 (Specify type of place)
While at work? (e) Means of injury

23. Signature Clayton Wheeler (M. D. or other) MD.
Address Ft. Leonard Wood, Mo Date signed 10 Jan 46

FEB 26 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~ .....

~~working under my personal supervision~~. ..... ~~Registered Apprentice No.~~ .....

Signed R. O. Tarleton

~~Licensed Embalmer No.~~ .....

P. O. Address Ft. Leonard Wood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
I—3-45
P I X43880

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BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3730

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. (4) 6

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood
(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 Mary Baker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F | 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 Jan (Month) 6 (Day) 19 (Year)

8. AGE: Years Months Days 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

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
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 Jan day 6
year 1946 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.

	Duration
Immediate cause of death asphyxia	1
Due to trauma region of the base of the neck.	5
Due to Investigating was made by F.B.I. but ultimate decision	40
Other conditions not known to me a (Include pregnancy within 3 months of death)	
Major findings: Of operations Waiting letter to your office describing autopsy findings more fully.	
Of autopsy Evidence of trauma in neck findings compatible with asphyxia	

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) Not decided
(b) Date of occurrence Date of birth
(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?
Civilian Barracks Ft. Leonard Wood
(Specify type of place)
While at work? (e) Means of injury

23. Signature Clayton Wheeler (M. D. or other) MD
Address Camp Carson, Col Date signed 11 May 46

SUPPLEMENTARY

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

1829