. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10237

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 35

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 hours (Specify whether years, months or days)
In this community: 1 Month

2. USUAL RESIDENCE OF DECEASED:

(a) State: New York (b) County: 999

(c) City or town: Bronx 30
(If outside city or town limits, write "RURAL")

(d) Street No.: 1412 Washington Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William Richardson, 33622137

3. (b) If veteran, name war: World War II

3. (c) Social Security No.

4. Sex: Male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife: Cherry Richardson

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

7. Birth date of deceased: August (Month) 9 (Day) 1911 (Year)

8. AGE: Years 34 Months 7 Days 15 If less than one day hr. min.

9. Birthplace: Charleston, S. C. (City, town, or county) (State or foreign country)

10. Usual occupation: Soldier

11. Industry or business: U. S. Army

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Gertrude Wallace

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Service Record ASFTC, Personnel Sectio

(b) Address: Camp Crowder, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: Mar 28, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: New York, N. Y.

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Mo.

19. (a) Mar. 29, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1946 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from 6:45 PM 26 March, 1946 to 9:35 PM March 26, 1946, that I last saw him alive on March 26, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Perforation of jejunum, traumatic, with generalized peritonitis.

Due to: Trauma of undetermined circumstances.

Due to:

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No Operation

Of autopsy: Same 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): Accident

(b) Date of occurrence: Unknown

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

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

While at work? Unknown (Specify type of place) (e) Means of injury: Unknown

23. Signature: James M. Jander (M. D. or other)

Address: ASF Reg Sta Hosp, Cp Crowder, Mo. Date signed 3/27/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No.

District File Number 446-52

Date Filed APR 5 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the revese side of this certificate was embalmed by me, or by Frank W Kuell Jr, Registered Apprentice No. 379, working under my personal supervision.

Signed Emmal L Kuell

Licensed Embalmer No. 391

P. O. Address Cuchage

Note: The above MUST BE SIGNED BY THE LICENED 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 statd above.**