V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed SEP 9 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27963

Registration District No. 290 | Primary Registration District No. 5983 | Registrar's No. 94

1. PLACE OF DEATH:
(a) County: Pulaski
(b) City or town: Rural (Outside Corp.) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 mi. east of Wye on Highway 66 3V (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community: 1 year and 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Mich. (b) County: Wayne 20
(c) City or town: Dearborn (If outside city or town limits, write "RURAL") 0
(d) Street No.: 10133 Tractor Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Corp. Emil V. Sangeorzan
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 4 (Day) 1915 (Year)
8. AGE: Years 27 | Months 6 | Days 22 | If less than one day: hr. min.
9. Birthplace: Highland Park, Mich. (City, town, or county) (State or foreign country)
10. Usual occupation: Mechanic Soldier U.S. Army, 20641804,
11. Industry or business: Btry D, 2nd Bn, 182nd FA
MOTHER FATHER
12. Name: Anton Sangeorzan
13. Birthplace: Austria, Hungary 4 (City, town, or county) (State or foreign country)
14. Maiden name: Anna [redacted]
15. Birthplace: Austria, Hungary 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Soldier's Service Record
(b) Address: Ft. Leonard Wood, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Aug 28 '42 (Month) (Day) (Year)
(c) Place: burial or cremation: Dearborn, Mich
18. (a) Signature of funeral director: Lou Clark
(b) Address: Rolla, Mo
19. (a) Aug 28 '42 (Date received local registrar) (b) Charles M. Mulvaney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 26 year: 1942 hour: 8 minute: 30 P.M.
21. I hereby certify that I attended the deceased from ..... to ..... that I last saw him alive on ..... and that death occurred on the date and hour stated above.
Immediate cause of death: Shock — Instantaneous.
Due to: Multiple fractures and contusions of sternum, right malor bone, rt. wrist, rt. tibia, 1st and 2nd metatatarsal, intra-thoracic hemorages, lacerations of heart, lungs and liver.
Other conditions (Include pregnancy within 3 months of death): XXXXXX
Major findings: Of operations: None 170 C-4
Of autopsy: As above 22
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 085
(b) Date of occurrence: Aug. 26, 1942
(c) Where did injury occur? 2 mi. east of Wye Hwy.-66 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury: Motorcycle & Auto accid
23. Signature: Ralph W. Adams (M. D. or other) D.C.
Address: Ft. Leonard Wood, Mo Date signed: 8-27-42

9-2-42 Chas M. Dowd Capt. MC AUS
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 9-43-183
Date Filed 9-4-43

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 Lou Clark

Licensed Embalmer No. 4216

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.**