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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 MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15142

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. ~~19~~ 52

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: 0 Station Hospital Cobden Fm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo. 9 days (Specify whether
In this community 4 months 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State North Carolina (b) County Forsyth 31

(c) City or town Winston-Salem 0
(If outside city or town limits, write "RURAL")

(d) Street No. 710 Buxton St.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME DON E. DODD (Pfc)

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

3. (c) Social Security No. - - -

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 7 (Day) 1920 (Year)

8. AGE: Years 23 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Vance County (City, town, or county) Georgia (State or foreign country) 1

10. Usual occupation Soldier-U.S.Army-14052976

11. Industry or business Hq. Det. Sta. Comp. SU 1751

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (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 April 17, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Winston-Salem N. C.

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th, Rolla Missouri

19. (a) April 16 1943 (Date received local registrar) (b) Robert A. Murray Major M.C. (Registrar's signature)
1170
ROBERT A. MURRAY, Major M.C.

4-18-1943 Chas M. Dodd - Reg

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 5 minute 00 A. 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.

Immediate cause of death Primary schirrous carcinoma of the lesser curvature of the stomach with direct extension to ~~xxxx~~ the liver, gall bladder, spleen, transverse colon and pancreas and ~~xxxx~~ multiple visceral metastases.

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46b

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 M Rosenbusch (M. D. or other)
Address M. Rosenbusch, 1st Lt, MC Station Hospital, Fort Leonard Wood, Mo. Date signed 4/17/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 5-43-51
Date Filed 5-5-43

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 S. L. Nuss

Licensed Embalmer No. 3297

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.