V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21757

FILED JUL 15 1943

Registration District No. 170 — Primary Registration District No. 5635 — Registrar's No. 27

53 0 0

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

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: "Rural" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Conway, Missouri (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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oklahoma (b) County: Pittsburg
(c) City or town: Hartshorne (If outside city or town limits, write "RURAL")
(d) Street No.: 504 North 11th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Thomas J. Venters (Cpl)
3. (b) If veteran, name war: - - -
3. (c) Social Security No.: - - -
4. Sex: Male
5. Color or race: White
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: October (Month) 31 (Day) 1917 (Year)
8. AGE: Years 25 Months 7 Days 9 to 12 If less than one day hr. min.
9. Birthplace: Hartshorne (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation: Soldier- U. S. Army-38020596
11. Industry or business: Hq. Co. ERTC
FATHER 12. Name: D. J. Venters
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: U. S. Army Records
(b) Address: Fort Leonard Wood, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Hartshorne Oklahoma
18. (a) Signature of funeral director: Null & Son Funeral Home
(b) Address: 508 West 8th, Rolla Missouri
19. (a) JUNE 13, 1943 (Date received local registrar) (b) R. A. Murray Maj. M.C. SUG (Registrar's signature)
July-7-1943 (c) Grace Porter (License or Undertaker's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day On or about 9th - 12th year 1943 hour unknown 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.

Immediate cause of death: (1) Extradural and subdural hemorrhage, moderate (2) Multiple lacerations and contusions ~~Due to~~ of the brain (3) Multiple fractures of the skull, zygoma and mandible, ~~Due to~~ with numerous lacerations of the face and scalp.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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): Homicide
(b) Date of occurrence: On or about June 10 or 11, 1943
Where did injury occur? Near Conway, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? No (e) Means of injury: Struck with hammer
23. Signature: Victor Dolan Capt MC (M. D. or other) M.D.
Address: Sta Hosp. Ft. L. Wood, Mo. Date signed 6/13/43

Received JUL 6 1943
Laclede County Health Unit
File No. 6-43-90
Date Filed JUL 9 1943

**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. C. Nunn

Licensed Embalmer No. 3397

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.**