

Registration District No. 166

Primary Registration District No. 2603

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Knobnoster (Rural)  
(c) Name of hospital or institution Station Hospital,  
Sedalia Army Air Field, Knobnoster, Mo.  
(d) Length of stay: In hospital or institution Five (5) hours  
In this community - -  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee  
(c) City or town Topeka  
(d) Street No. 331 Taylor St.  
(e) Citizen of foreign country? No  
If yes, name country - -

3. (a) PRINT FULL NAME 1st Lt. Charles E. Fairman, Jr.

3. (b) If veteran, name war World War #2  
3. (c) Social Security No. Unknown

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Feb. 12, 1919  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	4	28	- - hr. - - min.

9. Birthplace Manhattan, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Soldier - U. S. Army

MOTHER FATHER

12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Army Records  
(b) Address - -

17. (a) Burial, cremation, or removal  
(b) Date thereof 7-18-43  
(c) Place: burial or cremation Manhattan Kans.

18. (a) Signature of funeral director Joe S. Saults  
(b) Address Sedalia, Missouri

19. (a) Date received local registrar July 12, 1943  
(b) Registrar's signature Mrs. C. L. Saults

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1943 hour 6: minute 15 P. M.

21. I hereby certify that I attended the deceased from July 10, 1943 to July 10, 1943  
that I last saw him alive on July 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Crushing of chest and generalized second degree burns

Due to

Due to

Other conditions: Fracture of both femurs.  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence July 10, 1943

(c) Where did injury occur? Sedalia Army Air Field  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Army Air Base landing field

While at work? Yes  
(Specify type of place) Airplane  
(Specify means of injury) Crash

23. Signature M. J. Saults  
Address Sedalia Army Air Field  
Date signed 7/10/43

999  
14  
1  
No  
(Yes or No)  
2

Duration  
5 Hrs.  
5 Hrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**RECEIVED**

District Health Officer No. 8

District File Number.....

Date Filed 8-7-43

SEP 9 1945

**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.....

Licensed Embalmer No. 3868

P. O. Address Sedalia, Missouri.

**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.