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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26369

Registration District No. 360

Primary Registration District No. 6224

Registrar's No. 77

1. PLACE OF DEATH:
(a) County: Vernon (Center Twp)
(b) City or town: Rural, Camp Clark, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital, Camp Clark, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: From 8:45 PM 25Jul43 to 6:15 AM 26Jul43 (Specify whether In this community years, months or days) 7 Months 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Italy (b) County: 0
(c) City or town: Naples (If outside city or town limits, write "RURAL") 0
(d) Street No.: Unknown (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: Italy

3. (a) PRINT FULL NAME: Antonio De Falco
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: May (Month) 29 (Day) 1918 (Year)

8. AGE: Years 24 | Months 1 | Days 25 | If less than one day hr. min.
9. Birthplace: Naples (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation: Soldier (Prisoner of War)
11. Industry or business: Unknown
12. Name (Father): Gennaro De Falco
13. Birthplace (Father): Naples (City, town, or county) Italy 5 (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: United States Army
(b) Address: Camp Clark, Missouri
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: July 28/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Camp Clark, Missouri
18. (a) Signature of funeral director: Hays Funeral Service
(b) Address: A. Y. Hays Mortuary, Nevada, Mo.
19. (a) 7-28-43 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from 8:45 PM 25 July 1943 to 6:15AM 26 July 1943 that I last saw him alive on 26 July 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage of the Brain	
Due to: Fracture, Compound, comminuted, complete, right and left	
Due to: parietal, left temporal, incurred by machine gun bullet	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 164
Of autopsy: None

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: 25 July 1943
(c) Where did injury occur? Camp Clark, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury: machine gun bullet fired by guard.
23. Signature: E. Montgomery (M. D. or other)
Address: Camp Clark, Mo. Date signed: 7/26/43
M. E. MONTGOMERY
Major, M.C.

1331

(Licensed Embalmer's Statement on Reverse Side)

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

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 Mark A. Bidwell

Licensed Embalmer No. 25529

P. O. Address Nevada 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.

Case reported to Board of Censors Washington D.C.