

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15697**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5130** Registrar's No. **561**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Leavenworth	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Rush Township		c. CITY (If outside corporate limits, write RURAL and give township) Fort Leavenworth	
c. LENGTH OF STAY (in this place)		8150	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Highway #45 Armour Jct.		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Sgt. 1st.C. George b. (Middle) H c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH April 30, 1930
9. AGE (In years, last birthday) 22	IF UNDER 1 YEAR Months 0 Days 24 Hours Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Military service	10b. KIND OF BUSINESS OR INDUSTRY U.S. Army
11. BIRTHPLACE (State or foreign country) McC Corey Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE
-------------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) current	16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME John Sopka, Maj., MPC Ft. Leavenworth Kan. ADDRESS
---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day. E 8104 27
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to right chest.		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chest. DUE TO (c) Man was fatally injured when his car struck a tank car standing on the highway crossing in a Union Pacific freight train on Highway #45, near Armour Jct.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) State Highway 45	21c. COUNTY OR TOWNSHIP (COUNTY) Rush Buchanan MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 24-1952 3:30 A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto-Train Collision

22. I hereby certify that I attended the deceased from on **5/24, 1952**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE H F Mundy M.D. (Coroner) (Degree or title)	23b. ADDRESS St Joseph MO	23c. DATE SIGNED 5/24/52
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 5/24/52	24c. NAME OF CEMETERY OR CREMATORY Sumpter Funeral Home
24d. LOCATION (City, town, or county) Leavenworth, Kansas		(State)

DATE REC'D BY LOCAL REG. May 28, 1952	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Clark ADDRESS 120 Illinois Ave
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

110
3

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Earl A. Clark

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph 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.