

Registration District No. 57

Primary Registration District No. 5207

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Carrollton, Mo. RFD #1.**
(c) Name of hospital or institution:
1 mile south 1/4 west Mandiville, Mo.
(d) Length of stay: In hospital or institution **XX**
In this community **Plane crashed here.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Buchanan,**
(c) City or town **St Joseph, Missouri.**
(d) Street No.
(e) Citizen of foreign country? **XXXX**

3. (a) PRINT FULL NAME **ALBERT O. DOKKEN Jr.**

3. (b) If veteran, name war **World War 11.** 3. (c) Social Security No. **????**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Marie Dokken,** 6. (c) Age of husband or wife if alive **???** years

7. Birth date of deceased **May 3rd, 1907**

8. AGE: Years **35** Months **6** Days **13** If less than one day hr. min.

9. Birthplace **Valle Joe California,**

10. Usual occupation **Military pilot.**

11. Industry or business **U.S. Army.**

12. Name **Albert O. Dokken, Sr.**

13. Birthplace **Minn.**

14. Maiden name **Carrie Garkjen**

15. Birthplace **Norway.**

16. (a) Informant **Col. Flippin, Rose Crans Field**

(b) Address **St Joseph, Missouri.**

17. (a) **Removal** (b) Date thereof **11/18/42**

(c) Place: burial or cremation **Colusa, California**

18. (a) Signature of funeral director **Clifford W. Austin,**

(b) Address **Tina, Missouri.**

19. (a) **Nov. 18-42** (b) **Mrs. Edgar Smith**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **16th** year **1942** hour **7:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **Colonel** to **Colonel** 19...; that I last saw him alive on ... and that death occurred on the date and hour stated above.

Immediate cause of death **U.S. Army plane crash 15 miles west of Tava, Mo.**

Other conditions **112-8**

Major findings: Of operations **34** Of autopsy

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **Accident 017** (b) Date of occurrence **Nov. 16, 42** (c) Where **Carrollton, R.R. 1, Carroll, Mo.** (d) Did injury occur in or about home, on farm, in industrial place, in public place? **on farm field**

While at work? **yes** (e) Means of injury **airplane crash**

23. Signature **Dr. E. H. Smith, D.O.** (M.D. or other) **Colonel** Address **111 So. Main, Carrollton, Mo.** Date signed **11/18/42**

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

17
0
0

#3

1028

Accident occurred on
Section # 19 Type 54
Box 24, Carroll County
Missouri, Sibley
Township

Clifford W. Austin

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-42

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 _____

Clifford W. Austin

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address TINA, 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.