

Registration District No. **678**

Primary Registration District No. **5904**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Phelps**  
 (b) City or town **St. James** (Phelps)  
 (c) Name of hospital or institution  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2**  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Phelps**  
 (c) City or town **St. James**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **17**  
 year **1940** hour **8:35** minute **0** P. M.

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

Immediate cause of death \_\_\_\_\_  
**Stepping in to a passing truck hitting it in the middle of the right side**  
 Due to **fracturing his skull and breaking his right arm**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence **10-17-1940**  
 (c) Where did injury occur? **on Hwy 66 East of St. James Mo.**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (e) Means of injury **Automotive**

23. Signature **Oral Reckler** (Mr. D. or other) **F. Corcoran**  
 Address **St. James** Date signed **10-18-1940**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME **H. M. H. Carroll**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **485-14-4424**

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

6. (b) Name of husband or wife **deceased Mary Carroll** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **10-2-1893**  
 (Month) (Day) (Year)

8. AGE: Years **67** Months **-** Days **15** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Gasconade Co Mo**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Common Laborer**

11. Industry or business **A**

12. Name **Arch Carroll**

13. Birthplace **Mo**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Haney Gibson**

15. Birthplace **Mo**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Nora Hawkins**

(b) Address **1548 S. 7th St. St. Louis Mo**

17. (a) **Rural** (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_  
 (Month) (Day) (Year)

(c) Place: burial or cremation **Dawson Cem**

18. (a) Signature of funeral director **Oral Reckler**

(b) Address **St. James Mo**

19. (a) **11-1-40** (Date received local registrar) (b) **Elmer B. Hoyt** (Registrar's signature)

**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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Orville E. Licklider*

Licensed Embalmer No. *35 46*

P. O. Address *St James M*

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, above space should be left blank.