

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38777  
Do not use this space.

NOV 23 1937

1. PLACE OF DEATH  
(a) County *Missouri* Registration District No. *724*  
(b) Township *St. Francois* Primary Registration District No. *6030*  
(c) City ..... (d) Street No. *Dr. Reman Hospital* Registered No. *293*  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution write its name instead of street and number)

2. PRINT FULL NAME *John Carkuff.*  
(a) Residence, No. *3646 Page Blv'd.* St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married.*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Alberta Carkuff.*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 20, 1910.*  
7. AGE YEARS *27* MONTHS *2* DAYS *3* IF LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Body & Fender.*  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Memphis Tenn.*  
13. NAME *Edward Carkuff.*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clarksville Tenn.*  
15. MAIDEN NAME *Maggie Burnett.*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nashville Tenn.*  
17. INFORMANT (ADDRESS) *Edward Carkuff. 4015 McCree Ave.*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *Oct. 26, 1937*  
19. FUNERAL DIRECTOR *J. J. Quinn.* (ADDRESS) *1522 N Grand Blv'd.*  
20. FILED *Oct 26<sup>th</sup> 1937* *Eda Bachner* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 23 1937*  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at *11/30* a.m.  
The principal cause of death and related causes of importance were as follows:  
*Automobile Collision. While coming in automobile which collided with another automobile on a public highway.*  
Other contributory causes of importance:  
*Fractured Skull*  
Name of operation *None* Date of .....  
What test confirmed diagnosis *X-ray of spine* Was there an autopsy? *no*  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *Accident* Date of injury *Oct 23, 1937*  
Where did injury occur? *St. Francois Sup.* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home or in public place. *Public Place*  
Manner of injury *Auto Collision*  
Nature of injury *Fractured Skull*  
24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify *John E. Howell* M. D.  
(Signed) (Address) *Coroner Jefferson County*

STATEMENT BY LICENSED EMBALMER

I, B. H. Quinn, Licensed Embalmer No. 1591

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed B. H. Quinn  
Licensed Embalmer No. 1591

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.)