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REC'D MAR 23 1938

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

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Do not use this space. 7798

1. PLACE OF DEATH

(a) County Phelps — Registration District No. 677

(b) Township Rolla — Primary Registration District No. 4403 — Registered No. 34

(c) City Rrolla — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

2. PRINT FULL NAME Olla Ann Karr 600

(a) Residence, No. Rolla, Mo 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: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 25, 1917

7. AGE: YEARS 21 — MONTHS 1 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory
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): Kinderpost Mo 0

FATHER
13. NAME: A.A.Karr 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co Mo 0

MOTHER
15. MAIDEN NAME: Anna Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beulah Mo

17. INFORMANT (ADDRESS): Mrs Anna Carr Beulah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trout Cemetery DATE Feb, 22 38

19. FUNERAL DIRECTOR (ADDRESS): Null and Son Rolla, Mo

20. FILED Feb 22, 1938 Jos. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 20, 1938

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 ..... m.

The principal cause of death and related causes of importance were as follows:

Fractured skull
crushed chest
JDB

Date of onset

Other contributory causes of importance:
was passenger with Mrs. McClure who car was hit by train and knocked up against signal block post, wrecking car ~~Date of~~ thowing her clear ~~of the~~ wreckage.

Name of operation
What test confirmed diagnosis

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2 - 20, 1938
Where did injury occur? Rolla Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Train Hitting Auto
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify
(Signed) Oral E Lickleder (coroner) ~~M.D.~~
(Address) St James Mo
610

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)