

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 57

1. PLACE OF DEATH: Phelps,  
(a) County Rolla, Missouri  
(b) City or town Rolla, Missouri  
(c) Name of hospital or institution: McFarland Hospital.  
(If not in hospital or institution, write street number or location) Five days.  
(d) Length of stay: In hospital or institution Five days.  
(Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Earl R. Low.  
8. (b) If veteran, name war No 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased July, 30th, 1926  
(Month) (Day) (Year)

8. AGE: Years 14 Months 7 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Freeman, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation School boy.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Earl R. Low.  
13. Birthplace St Joseph, Missouri.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Marie Ellis.  
15. Birthplace Barnard, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl R. Low.  
(b) Address Steelville, Missouri.

17. (a) Burial (b) Date thereof 3-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Freeman, Missouri.

18. (a) Signature of funeral director J. P. Jones & Son  
(b) Address Steelville Mo

19. (a) 3-17-41 (b) Joe F. Cyers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County Crawford  
Steelville, Mo.  
(c) City or town Steelville, Mo.  
(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.? No \_\_\_\_\_ years.

20. DATE OF DEATH: Month March day 16  
year 41 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from March 14, 1941, to Mar 16, 1941;  
that I last saw him alive on March 16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of brain  
Due to Skull fracture (basil)  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 8 months of death) 1700

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

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Mar 14, 41  
(c) Where did injury occur? Steelville Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
old public place  
While at work? no (Specify type of place) (a) Means of injury hit by truck

23. Signature J. P. Jones & Son (M. D. or crew) \_\_\_\_\_  
Address Steelville Mo Date signed 3/17/41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically

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.

RECEIVED

District Health Officer No. 5,

District File Number 4415-72

Date Filed \_\_\_\_\_

From Highway report -  
Bicycle + truck accid.

**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 \_\_\_\_\_

Harry M. Jones  
working under my personal supervision.

Registered Apprentice No. 2628

Signed Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steubenville, W. Va.

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.