

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

22258
 Do not use this space.

FILED JUL 6 1944
 PLACE OF DEATH

(a) County Phelps Registration District No. 275
 (b) Township Rolla Primary Registration District No. 5942 Registered No. 78
 (c) City Rolla (d) Street No. Route No. 2 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Otis Lee Karr
 (a) Residence, No. Route No. 2, Rolla Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Meda Karr
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 14, 1915
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 9 22
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Kinderpost Missouri

FATHER 13. NAME Arthur Karr
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co., Mo.,

MOTHER 15. MAIDEN NAME Annie Clark,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co., Mo.,

17. INFORMANT (ADDRESS) Arthur Karr
Route No. 2 Rolla, Mo.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE June 8, 1944

19. FUNERAL DIRECTOR (ADDRESS) Null & Son Funeral Home
508 West 3th St., Rolla Mo.,

20. FILED 6/8/1944 by J. Ellis Hauer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1944 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him dead June 6, 19.44 Death is said to have occurred on the date stated above, at 1P m.
 The principal cause of death and related causes of importance were as follows:

Crushed to death by being caught beneath an overturned farm tractor. Crushed Chest, and internal abdominal injuries.

Other contributory causes of importance: 170C-4

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 6-6-44
 Where did injury occur? Route No 2 Rolla Mo.,
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. On farm, while plowing
 Manner of injury see above
 Nature of injury II II

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify
 (Signed) R. S. Null 3 Coroner
 (Address) Rolla Mo

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. me

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed S. L. Jones

Licensed Embalmer No. 3294

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.)