No. 300
10.48

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9489

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 4P

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Spring Creek
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 1/2 Mi. SW Edgar Springs Mo.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Virginia
b. COUNTY: Nansemond
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Suffolk, Virginia
d. STREET ADDRESS (If rural, give location): 436 Spring Street

3. NAME OF DECEASED (Type or Print): a. (First) Cpl. John b. (Middle) E. c. (Last) Carroll ,Jr.
4. DATE OF DEATH (Month) (Day) (Year): March 30, 1949
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 25, 1929
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 7 Days 5 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army
11. BIRTHPLACE (State or foreign country): Ivor, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John E. Carroll, Sr.
13b. MOTHER'S MAIDEN NAME: Ruby Rountree Carroll
14. NAME OF HUSBAND OR WIFE: --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Entered 6/25/47
16. SOCIAL SECURITY NO.: 231-26-7450
17. INFORMANT'S SIGNATURE OR NAME: I. O. HILL & CO., ADDRESS: Suffolk, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Avulsions — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Plane Crash — E 860
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Plane crashed from an altitude of approx 7000 ft. Cause unknown. — 39

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near; Edgar Springs Mi., 081
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? U. S. Air Force Plane Crash.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* Mar. 30, 19 49, *and that death occurred at* 7:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. B. Hill (Degree or title) Coroner of Phelps Co.
23b. ADDRESS: Rolla, Missouri
23c. DATE SIGNED: 3/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/5/49
24c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
24d. LOCATION (City, town, or county) (State): Suffolk, Virginia

DATE REC'D BY LOCAL REG.: 4-9-49
REGISTRAR'S SIGNATURE: Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Belleville, Ill

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 6 1950

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Body not embalmed.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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, fact should be so stated above.