

REC'D MAR 15 1930

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

6385

Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 262
(b) Township Polk Primary Registration District No. 5364 Registered No. _____
(c) City Union Star Mo (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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Thomas Overman
(a) Residence, No. Union Star Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marytha Overman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Indiana

FATHER 13. NAME Jessie Overman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown?

MOTHER 15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Marytha Overman and Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE Feb 28, 1939

19. FUNERAL DIRECTOR (ADDRESS) Lucile M. Wilson King City Mo

20. FILED Feb 26, 1939 M Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1939 to Feb 25, 1939

I last saw him alive on Feb 24, 1939. Death is said

to have occurred on the date stated above, at 6:15 A. m.

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

Angina Pectoris Date of onset 2-24-39

Other contributory causes of importance: 94 W

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? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E M Reynolds M. D.

(Address) Union Star Mo

RECEIVED

District Health Officer No. 117

District File Number 39-84

Date filed MAR 9 1939

DEC 6 1939

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson, Licensed Embalmer No. 2830

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

Lucile M. Wilson

Licensed Embalmer No. 2830

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.)