

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

10905
 Do not use this space.

REC'D APR 7 1939

1. PLACE OF DEATH
 (a) County Brundy Registration District No. 328
 (b) Township Trenton Primary Registration District No. 3017
 (c) City Trenton (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 JOEVA LEE OVERTON
 (a) Residence, No. _____ 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 Female 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1939

7. AGE YEARS MONTHS DAYS 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Trenton (STATE OR COUNTRY) MO

MOTHER 13. NAME Vaughn Overton
 14. BIRTHPLACE (CITY OR TOWN) Brundy Co MO (STATE OR COUNTRY)
 15. MAIDEN NAME Eva Page
 16. BIRTHPLACE (CITY OR TOWN) Milbar (STATE OR COUNTRY) MO

17. INFORMANT Vaughn Overton (ADDRESS) Trenton MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural Dale Cem DATE Feb 25 1939

19. FUNERAL DIRECTOR (NAME) E. J. Robertson (ADDRESS) Greene MO

20. FILED Feb 28 1939 J. H. D. J. H. D. J. H. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-39

22. I HEREBY CERTIFY, That I attended deceased from 2/25 1939 to 2/25 1939
 I last saw her alive on never 19____ Death is said to have occurred on the date stated above, at 6:40 PM
 The principal cause of death and related causes of importance were as follows:
Still born
asphyxia from
shoulder arrest
under pubes
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) O. R. Rocks _____, M. D.
 300 (Address) Trenton MO
260

Date of onset
2/26/39

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 11,

District File Number 39-167

Date Filed MAR 24 1939

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.....

E. J. Robertson....., Registered Apprentice No.....

working under my personal supervision.

Signed E. J. Robertson.....

Licensed Embalmer No. 2465.....

P. O. Address Fairfax, Mo......

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.