

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

24806  
Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 100

(c) City Kansas City, Mo. (d) Street No. 337 S. Wheeling 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 Alvin Oscar Overman

(a) Residence, No. 337 S. Wheeling 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 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 Laura Overman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	61	1	26	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Transferman

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) Iowa

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Laura Overman  
(ADDRESS) 337 S Wheeling, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Washington DATE July 28-39 19

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.  
(ADDRESS) 2825 Under Blvd. K.C. Mo.

20. FILED July 27, 1939 M.M. Brown  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from July 20 1939, to July 26, 1939

I last saw him alive on July 25, 1939. Death is said to have occurred on the date stated above, at 4:45 m. AM

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

Acute - Pyo Nephritis 7/20/39

1230

Other contributory causes of importance:

Uremic Coma 7/22/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Urin 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) A. H. Evans, M. D.  
 (Address) 520 Cuyler

(Licensed Embalmer's Statement on Reverse Side)

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

K. 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.

1 X18605

Dr. Fred H. Evans 6:30 at home tonight

Call Benton 1610 before going over

Home address 120 S Van Brunt.

---

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*H. D. Blackman*

Licensed Embalmer No.....

*3639*

P. O. Address.....

*14 C. No*

**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.**