

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

44918  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 876  
 (b) Township Lake Primary Registration District No. 6164 Registered No. \_\_\_\_\_  
 or  
 (c) City \_\_\_\_\_ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Alvin I. Overman

(a) Residence, No. Horton, Mo. 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) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 9 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 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) Ray Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Overman  
 14. BIRTHPLACE (CITY OR TOWN) Ray Co. (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah Turner  
 16. BIRTHPLACE (CITY OR TOWN) Ray Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Bernard Overman (ADDRESS) Hume, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Rinehart DATE 12/1/39

19. FUNERAL DIRECTOR (NAME) Eichinger Funeral Home (ADDRESS) Nevada, Missouri

20. FILED Dec 11, 1939 Stella Feild Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1939, to Nov 29, 1939. I last saw him alive on dead 11/29, 1939. Death is said to have occurred on the date stated above at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 11/29, 1939

Other contributory causes of importance: unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. H. Love, M. D.  
Nevada, Mo.

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

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.

1 X1885

RECEIVED

District Health Officer No. 7,

District file Number 7-40-46

Date Filed 1-9-40

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

*Mark E. Eichinger*

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.