

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

21211
Do not use this space.

1. PLACE OF DEATH 3 85
(a) County Buchanan Registration District No. 85
(b) Township 0 Primary Registration District No. 1001 Registered No. 610
(c) City St. Joseph (d) Street No. State Hospital #2 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. 3 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 161 R. A. OVERBEY
(a) Residence, No. 618 Fremont St. 618 Fremont St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) Kansas City, Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ella (OR) WIFE OF Miss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1869

7. AGE YEARS 70 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

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) Truch, Missouri (STATE OR COUNTRY) Missouri

FATHER 13. NAME Stephen Overbey

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

MOTHER 15. MAIDEN NAME Margaret Reed

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

17. INFORMANT State Hospital Records (ADDRESS) #2, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE June 1, 1940

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union St. Joseph, Mo.

20. FILED 6/3/40 1940 6/3/40 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1940

22. I HEREBY CERTIFY That I attended deceased from March 2, 1940 to June 1, 1940

I last saw him alive on June 1, 1940 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Atherosclerosis
56 W

Date of onset (?)

Other contributory causes of importance:
Rheumatic Arthritis
Rheumatic Endocarditis

several months
2 years

Name of operation None Date of
What test confirmed diagnosis? Clin 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) T. T. O'Sell, M. D.
85 (Address) State Hospital #2

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.

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 Robert P. Clarkson

Licensed Embalmer No. 4028

P.O. Address St. Joseph, 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.