

No. 2
4-13-40
5-17-39
X2315

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 28675

SEP 15 1941
Registration District No. 449

Primary Registration District No. 4267

Registrar's No.

13
2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon, Mo.

(c) Name of hospital or institution: Wasson Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 1 Day
years, months or days

3. (a) PRINT FULL NAME CHARLES M. OVERCASH

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-09-1512

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife Nora McCallister

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased: Dec 19 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Bolivar, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name Not known

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Overcash

(b) Address Boxley Springs, Mo.

17. (a) Burial (b) Date thereof 8 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SLADE MO

18. (a) Signature of funeral director Palmer

(b) Address LEBANON MO

19. (a) 8-11-41 (b) A M WIND
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

(c) City or town Boxley Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 920 Grant
(If rural, give location)

(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1941 hour 9:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Aug 10, 1941, to Aug 10, 1941.
that I last saw him alive on Aug 10, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory collapse

Due to Secondary degree burns 7/3 skin area

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

Duration

2 hrs.

7 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug 10, 1941

(c) Where did injury occur? Highway 66-18 mi. Lebanon
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway 66-18 mi. E. Lebanon, Mo.

While at work? yes (Specify type of place) (e) Means of injury car wreck

23. Signature James L. Hope (M. D. or other) _____

Address Lebanon, Mo. Date signed 8/11/41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1636

Date Filed 9-10-41

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.....

Allyn Dethorage....., Registered Apprentice No. 294
working under my personal supervision.

Signed..... W. W. Palmer

Licensed Embalmer No. 1161

P. O. Address Stanton, 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, fact should be so stated above.