

FILED AUG 19 1942
Registration District No. **143**

Primary Registration District No. **6075-3060**

94
4
1

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

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Farmington**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Farmington**
(If outside city or town limits, write "RURAL")

(d) Street No. **101 3rd St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ELIZABETH OVERTON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6** year **1942** hour **9** minute **25** P.M.

21. I hereby certify that I attended the deceased from **July 3 & 2** to **July 3**, 19**42**
that I last saw **her** alive on **July 3** and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

4. Sex **Female** 5. Color or race **3 Negro** 6. (a) Single, widowed, married, divorced **2 Widowed**

6. (b) Name of husband or wife **Louis Overton** 6. (c) Age of husband or wife if **70** years

7. Birth date of deceased **May 10 1850**
(Month) (Day) (Year)

8. AGE: Years **92** Months **1** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **St. Henri, Mo.** (City, town, or county) **Missouri** (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Thomas Madden**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Emma Gady**

(b) Address **101 3rd St. Farmington, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-9-1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Colored Masons**

18. (a) Signature of funeral director **Neider Funeral Home**

(b) Address **Farmington, Mo.**

19. (a) **July 7, 1942** (Date received local registrar) (b) **Byrdie Burkmaster** (Registrar's signature)

Due to **General Senility**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **R. Applibon** (M. D. or other) _____
Address **Farmington, Mo.** Date signed **7-17-42**

RECEIVED

District Health Officer No. 4

District File Number 84-982

Date Filed 8-10-42

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

Burl J. Miller

Licensed Embalmer No.

3752

P. O. Address

Farmington, Conn.

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.