. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

Registration District No. 230

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 43-45-5810

State File No. 30919

Registrar's No. 22

70
0
0

1. PLACE OF DEATH:

(a) County Montgomery Co. [illegible]

(b) City or town ~~Bluffton, Mo. Rural~~ [illegible]
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 56-II-I7
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery 70

(c) City or town Bluffton, Mo. Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. XX
(If rural, give location)

(e) Citizen of foreign country? XX no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Gehard John. Overkamp.

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife Clara Lucy. Overkamp.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct 5th 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months II Days I7 If less than one day ___ hr. ___ min.

9. Birthplace Near Americus, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Overkamp.
13. Birthplace Wesel. (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Grotewiel.
15. Birthplace Americus. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Frank J. Overkamp

(b) Address Americus, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25th 4
(Month) (Day) (Year)

(c) Place: burial or cremation Starkenberg, Mo.

18. (a) Signature of funeral director Barton Baker

(b) Address Americus, Mo.

19. (a) Sept-26th 1942 (Date received local registrar) (b) Mrs Carrie A. Stuart, (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22nd year 1942 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Sept 22, 1942, to Sept 23, 1942 that I last saw him alive on Sept 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis	2 days.
Due to: acute alcoholism	5 days.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

77 C

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature James O. Helm (M. D. or other)

Address New Florence Mo. Date signed 9-24-42

105 7

(Licensed Embalmer's Statement on Reverse Side)

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 D.B.Baker, Registered Apprentice No. ____, working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3373

P. O. Address Americus, 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.