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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILE NOV 3 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34168

State File No. \_\_\_\_\_

Registration District No. #67176

Primary Registration District No. 56315658

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Independence, Mo.  
(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 64 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Trissa Overturf

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 8-3-1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lebanon, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Billy Bailey  
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 Cecil Charles Miller Mo.  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 9-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Red Oak

18. (a) Signature of funeral director Maymie Fern Miller Mo.  
(b) Address \_\_\_\_\_

19. (a) Oct 10/42 (b) Anna Whimsey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1942 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Sept 28, 1942, that I last saw him alive on 9-28-42 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Diphtheria carrier  
(Include pregnancy within 7 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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 W. J. Finney (M. D. or other) \_\_\_\_\_  
Address Miller Mo. Date signed 9-29-42

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1142-1543

Date Filed NOV 5 1942

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 L. R. Seimon

Licensed Embalmer No. 3297

P. O. Address Miles 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.

No. 2B  
8-21-41  
X29288

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3468

Registration District No. 176

Primary Registration District No. 5-63/5687

Registrar's No. 87

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Larussel, <sup>Polk</sup> ~~Lawrence~~  
(c) Name of hospital or institution Rural  
(d) Length of stay: In hospital or institution Yes  
In this community ALL her life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Larena  
(c) City or town Larussel, Mo.  
(d) Street No. Rural Oak Twp  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jussa Overton  
3. (b) If veteran, name war No  
3. (c) Social Security No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: 19 1952  
21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

4. Sex 7  
5. Color or race w  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased Aug 3

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

8. AGE: 84  
9. Birthplace mo

PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation  
11. Industry of business  
12. Name  
13. Birthplace  
14. Maiden name  
15. Birthplace

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place)  
23. Signature (M. D. or other)  
Address Date signed

16. (a) Informant  
(b) Address  
17. (a) (b) Date thereof  
(c) Place: burial or cremation  
18. (a) Signature of funeral director  
(b) Address  
19. (a) (b)

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

SUPPLEMENTARY

MOTHER FATHER

S-34168

1942