

FILED JAN - 6 1943

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

41681

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 294
 (b) Township Moberly Primary Registration District No. 3056 Registered No. 229
 (c) City Moberly (d) Street No. 239 Bedford 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. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 239 Bedford St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/26/1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 3 27
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) (STATE OR COUNTRY) Morris Co. Mo.

FATHER 13. NAME Charles Henry Overfelt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key

MOTHER 15. MAIDEN NAME Dessau Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morris Co Mo

17. INFORMANT (ADDRESS) Ira C. Davenport

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Dec 26 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Irish Thompson

20. FILED 12/24/42 1942 Jenna Havel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1942 to Dec 23 1942

I last saw her alive on Dec 20 1942 Death is said to have occurred on the date stated above, at 11 a.m.

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

Cancer of Rectum

Date of onset 8/20/40

Other contributory causes of importance none

Name of operation none Date of Jan

What test confirmed diagnosis Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 1942

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?

If so, specify

(Signed) J. O. Ash, M. D.

(Address) Moberly Mo

RECEIVED

District Health Officer No. 10

District File Number 1-43-4117

Date Filed Jan 5 1943

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 Mrs. Freda Thompson
Licensed Embalmer No. 2282
P. O. Address Anderson, 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.