No. 2
-9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3038

State File No.

FILED FEB 9 1943

Registration District No. 2269 Primary Registration District No. 5908 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Steele "Rural" Holland TWP
(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 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Missouri (b) County Pemiscot 0

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Jim Walter Overfield

3. (b) If veteran, name war

3. (c) Social Security No. 489-18-6039

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Rosella Overfield

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September (Month) 10 (Day) 1885 (Year)

8. AGE: Years 57 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Charleston (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

FATHER
12. Name Will Overfield
13. Birthplace (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Ellen Thurmond
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs. Rosella Overfield
(b) Address Steele, Missouri Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director German Undt. Co.
(b) Address Steele, Missouri

19. (a) 2-2-43 (Date received local registrar) (b) C. C. Limbaugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1943 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 6, 1943, to Jan 6, 1943 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis (Dead when I arrived)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. R. Chapman (M. D. or other)

Address Steele, Mo Date signed 2-7-43

1207

(Licensed Embalmer's Statement on Reverse Side)

1-33-43

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 John H. German, Registered Apprentice No. 344 working under my personal supervision.

Signed Hubert Brown

Licensed Embalmer No. 3789

P. O. Address Steele Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.