S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6784

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 51

16
1
4

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 16 days. (Specify whether years, months or days)
In this community: Life. 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No. Jackson Mo RFD #2 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: HENRY OVERBECK.
3. (b) If veteran, name war:
3. (c) Social Security No. None
4. Sex: M.
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nancy Ann Call Overbeck
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: April (Month) 26 (Day) 1866 (Year)
8. AGE: Years 77 | Months 9 | Days 12 | If less than one day ___ hr. ___ min.
9. Birthplace: Jackson Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
12. Name (Father): August Overbeck
13. Birthplace (Father): Missouri (City, town, or county) 0 (State or foreign country)
14. Maiden name (Mother): Caroline Vogelsang
15. Birthplace (Mother): Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Hy Overbeck
(b) Address: Jackson Mo R 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Russell Heights.
18. (a) Signature of funeral director: McCombs & Co
(b) Address: Jackson Mo
19. (a) 2-10 44 (Date received local registrar) (b) F.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th year 1944 hour 11 P.M. minute — M.
21. I hereby certify that I attended the deceased from Jan 20, 1944, to Feb 8, 1944, that I last saw him alive on Feb 8, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Shock — Duration: 8 hrs
Due to: Prostatic resection
Due to: Prostatic hypertrophy 5 yr
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Prostatic hypertrophy
Of autopsy: 137a

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: T. E. Ruff (M. D. or other) MD
Address: Jackson Mo Date signed 2-9-44

1014

(Licensed Embalmer's Statement on Reverse Side)

...ED

...ct Health Officer No. 4

... File Number 344-352...

...iled 3-9-44

JUL 19 1944

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 B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.