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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1944

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 311 Hallock
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 816 Fisk Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Houella 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: Feb 4th 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name John Metjger

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Overturf

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Bachert
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof March 21st 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) 3/21/44 (b) Jenna Xave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1944 hour 12 minute 19 A.M.

21. I hereby certify that I attended the deceased from Feb 18/44 to March 20/44 and that I last saw her alive on March 19-44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration months

Due to _____

Due to _____

Other conditions arterial Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 93el

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? _____

While at work? RE Hubel (Specify type of place) _____ (e) Means of injury MDIC

23. Signature RE Hubel (M. D. or other) _____
Address Moberly, Mo Date signed 3/21/44

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

29
6
3

1036

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 4-44-779

Date Filed APR 11 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.....

Frank B. D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.