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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17132

FILED JUN 3 1944  
149  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 2233

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Vineyard Park Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether)

In this community 20 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2000 Mercier  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Harriett Agnes Overby

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Overby

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: 12 (Month) 10 (Day) 1892 (Year)

8. AGE: Years Months Days If less than one day

51 5 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name William Garrison

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

14. Maiden name Patsy Bond

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

16. (a) Informant Mr. John Overby

(b) Address 2000 Mercier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park, K.C. Ks.

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 5-23-44 (Date received local registrar)

(b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd.  
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-12, 1944, to 5-22, 1944,  
that I last saw her alive on 5-12, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis  
Carcinoma of Right ovary

Due to Carcinoma of \_\_\_\_\_  
Due to Right ovary \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 490

Major findings: Specimen sent to micros. as per request

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. S. Shields (M. D. or other) \_\_\_\_\_  
Address 2200 1/2 Date signed 5-23-44

TEC 1110

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

Wakeyard Park.

Emmense Bldg.

no 4175

1 to 3  
[Signature]

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

*Wm R. Jackson*

Licensed Embalmer No. 3954

P. O. Address *R. C. 400*

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.