

S. No. 2
OM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19344
Registrar's No. 20

FILED JUN 30 1944

Registration District No. 28

Primary Registration District No. 6208

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Summersville, P. Ozark
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(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 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County TEXAS

City or town SUMMERSVILLE, MO
(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 _____

3. (a) PRINT FULL NAME JAY WELDON OVERNON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1944 hour 12 noon M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHY

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

6. (b) Name of husband or wife MARY BURRIS

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased OCTOBER 24 1877
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration _____

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

67 7 7 _____ hr. _____ min.

Due to Hypertension & apoplexy

Due to _____

9. Birthplace JOANS BOROUGH ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death) 94a

MOTHER FATHER

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant MARY OVERNON (WIFE)

(b) Address SUMMERSVILLE, MO.

17. (a) BURIAL (b) Date thereof JUNE 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUMMERSVILLE CEMETERY

18. (a) Signature of funeral director Lynn Evans

(b) Address Houston, Mo

19. (a) 6-6-44 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Dr. Lamar Hampton Date signed July
Address Summersville

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

JUN 16 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.....

Licensed Embalmer No.....

P. O. Address.....

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.