

Registration District No. **59** Primary Registration District No. **4097**

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

1. PLACE OF DEATH: **Cass**

(a) County **Cass**

(b) City or town **Harrisonville Mo**
(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) **1**

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**

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

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

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

3. (a) PRINT FULL NAME **LEILA BRITT OVERHOLSER**

3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **June** day **8**
year **1944** hour **3:55** minute _____ M. **P**

4. Sex **Female** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **Milton D Overholser** 6. (c) Age of husband or wife if alive _____ years
July **22** **1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 8** 19**44** to **June 8** 19**44**
that I last saw her alive on **June 8** 19**44**
and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **10** Days **16** If less than one day _____ hr. _____ min.

Immediate cause of death **(Syncope) Coronary thrombosis**

Duration _____

9. Birthplace **Mo** (City, town, or county) _____ (State or foreign country) **0**

Due to _____

Due to _____

10. Usual occupation **Home-maker**

11. Industry or business _____

12. Name **Jefferson Walker Britt**

13. Birthplace **Ky** (City, town, or county) _____ (State or foreign country) **1**

14. Maiden name **Margaret L. Ho...**

15. Birthplace **Ky** (City, town, or county) _____ (State or foreign country) **1**

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

Major findings: Of operations **94a**

Of autopsy _____

16. (a) Informant **Milton D. Overholser**
(b) Address **Columbia Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 11 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Orion Cemetery**

18. (a) Signature of funeral director **RUNNENBURGER'S**
(b) Address **HARRISONVILLE, MO.**

19. (a) **June 10, 1944** (b) **Margaret Valle**
(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? _____

(Specify type of place) _____
While at work _____ Means of injury _____

23. Signature **David Stone** (M. D. or other) **0**
Address **Harrisonville Mo** Date signed **6/10/44**

MOTHER, FATHER

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

1047

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rinneburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.