S-No. 2
M—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3232

Registration District No. 312 Primary Registration District No. 4457 Registrar's No. 1

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Lowry City Missouri
(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)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 yr 8 months / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 92

(c) City or town Lowry City Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (~~Yes or~~ No)

If yes, name country

3. (a) PRINT FULL NAME Emma C Overton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Fred Overton

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

7. Birth date of deceased 8 Sept (Month) 21 (Day) 1857 (Year)

8. AGE: Years 87 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Buchanan County Iowa 1
(City, town, or county) (State ~~or foreign country~~)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Rufus Bancroft
13. Birthplace Bangor Mich Van Buren Co. 0
(City, town, or county) (State or ~~foreign country~~)

MOTHER
14. Maiden name Mary Taylor
15. Birthplace Bangor Mich Van Buren Co. 0
(City, town, or county) (State ~~or foreign country~~)

16. (a) Informant Mrs Cora Harris
(b) Address Lowry City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 31 (Day) 1945 (Year)
(c) Place: burial or cremation Lowry City Cemetery

18. (a) Signature of funeral director H. C. Austin
(b) Address Lowry City Missouri

19. (a) 1-30-45 (Date received local registrar) (b) V. E. Log, Minnie Foster Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1945 hour 3 ~~minute~~ P.M.

21. I hereby certify that I attended the deceased from Dec 30, 1945, 19..., to Jan 29, 1945
that I last saw her alive on Jan 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 C. S. Stratton 0 (M. D. or other)
Address Lowry City Mo Date signed 1/30/45

1127

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 2-3-45

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 H. E. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City 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.