. S. No. 2
0M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34782

State File No.

FILED OCT 19 1945

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 136

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall (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 44 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall (If outside city or town limits, write "RURAL") 1

(d) Street No. 320 North Benton (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Overley

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male ()

5. Color or race White

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

6. (b) Name of husband or wife Lucy Overley

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

7. Birth date of deceased March (Month) 26, (Day) 1859 (Year)

8. AGE: Years 86 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Fleming county (City, town, or county) Kentucky (State or foreign country) 1

10. Usual occupation Retired blacksmith

11. Industry or business

FATHER
12. Name Milford Overley
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Mary Hughes
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Wm Overley
(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive cemetery

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo

19. (a) 10-1-45 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 year 1945 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from held inquest Sept. to 8, 1945, 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidently killed by	
Due to C & A R.R.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

169-8

30

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 97

(b) Date of occurrence Sept. 8, 1945

(c) Where did injury occur? Marshall (City or town) Saline (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? R.R. crossing West Marshall Mo (Specify type of place)

While at work? No (e) Means of injury

23. Signature C. L. Lawless Coroner Saline Co. (M. D. or other)

Address Marshall Mo. Date signed 9-8-45

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 10-18-43

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 R. W. Campbell Jr.
Licensed Embalmer No. 3469
P. O. Address Marshall 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.