

FILED JAN 28 1946
Registration District No. 226

Primary Registration District No. 4337

State File No. _____

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Madison
(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 Lifetime
years, months or days

3. (a) PRINT FULL NAME James William Overfelt

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle Stockett Overfelt 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: (Month) 12 (Day) 5 (Year) 1873

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>		<u>23</u>	hr. _____ min. _____

9. Birthplace Monroe Co (City, town, or county) MO (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name William Sida Overfelt

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

14. Maiden name Charleston Jackson

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

16. (a) Informant Mrs James Overfelt

(b) Address Madison MO

17. (a) burial (b) Date thereof 12-30-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pious

18. (a) Signature of funeral director W. H. Thompson

(b) Address _____

19. (a) Dec 31, 1945 (b) Chas Little (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69
(c) City or town Madison 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1945 hour 9 minutes 50 a M.

21. I hereby certify that I attended the deceased from Nov 4 1945 to Dec 28 1945 that I last saw him alive on Dec 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to edema of liver & stomach

Due to _____

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

Major findings: Of operations _____

Of autopsy H. B.

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 W. G. Overfelt (M. D. or other) _____

Address Madison MO Date signed 12-29-45

Duration

5 days

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100652

RECEIVED
District Health Officer No. 1A
District File Number 46-190
Date Filed JAN 26 1946

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 Mr. Leo Thompson

Licensed Embalmer No. 3282

P. O. Address Madison Rd

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.