No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5349

Registration District No. 132 Primary Registration District No. 5473 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton R#3 Jackson Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy
(c) City or town Trenton RFD #3 Jackson Township
(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 LEONA MILLER OVERTON
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John G.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 25 (Day) 1874 (Year)

8. AGE: Years 71 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Grundy Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

MOTHER
12. Name Aaron Johnson
13. Birthplace Grundy Co (City, town, or county) Mo (State or foreign country)

FATHER
14. Maiden name Martha Miller
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Overton
(b) Address 1456 Grand Piedmont Calif.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 22 46 (Month) (Day) (Year)
(c) Place: burial or cremation Stucker Cem.
18. (a) Signature of funeral director Gideon F. Horne
(b) Address Trenton Mo
19. (a) 1-31-46 (Date received local registrar) (b) Jane Faw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1946 hour 2:40 minute A M.
21. I hereby certify that I attended the deceased from Jan 1st 1946 to Jan 20th 1946 that I last saw h. alive on Jan 18th 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Pancreas	1 year
Due to Do not Know	
Due to	
Other conditions (Includes pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Hog

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 Oliver K. Duffy (M. D. or other) M.D.
Address Trenton Mo Date signed Jan 20th 1946

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Wesley H. Bradford

Licensed Embalmer No. 4370

P. O. Address Trenton 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.