S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13771

State File No. 22

Registration District No. 4-9-5740 Primary Registration District No. 5-6-5-2-5674 Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Snowhill
(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 years, months or days) 76 yr - 6 mo 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

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

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

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

If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM OVERALL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 27 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	6	14	hr. min.

9. Birthplace Winfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name J. A. Overall
13. Birthplace Lincoln Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellen Argent
15. Birthplace Lincoln Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Floyd Overall
(b) Address Foley Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Missouri

19. (a) 4/19-46 (Date received local registrar) (b) P. C. Nunnelt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1946 hour 8 minute 00 A M.

21. I hereby certify that I attended the deceased from April 7, 1946, 19 , to April 11, 1946 that I last saw him alive on April 10, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

51 b

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 0

23. Signature Dr J J Alcorta (M. D. [illegible])

Address Winfield Mo. Date signed 4/12/46

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(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 Wayne McCoy

Licensed Embalmer No. 3588

P. O. Address Troy 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.