

Registration District No. **175**

Primary Registration District No. **3036**

Registrar's No. **142**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Amoria, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Frank Hotel (Amoria)
(If not in hospital or institution, write street number or location) **3**
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Amoria
(If outside city or town limits, write "RURAL")
(d) Street No. East Alene St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ward G. OVERHOLT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race w

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 29
(Month) (Day) (Year)

1888
(Year)

8. AGE:

Years 58 Months 6 Days 19

If less than one day
hr. _____ min. _____

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

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER

12. Name Frank Overholt

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

14. Maiden name Rosie Grose

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

16. (a) Informant Victor Overholt

(b) Address Bellville, Mo.

17. (a) Burial (b) Date thereof 11/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Osam Marsh

(b) Address Amoria

19. (a) 12-20-46 (b) Ora Mc Nett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from after
death 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

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

Major findings:
Of operations 94A
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 3

23. Signature Walter Burridge (M.D. or other) Coroner
Address Marionville Mo. Date signed 11/28/46

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

RECEIVED

District Health Officer No. 8,

District File Number 147-4

Date Filed JAN 6 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.