

FILED AUG 1 3 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 6102

Registrar's No. 44

1. PLACE OF DEATH:
(a) County Scotts
(b) City or town Memphis
(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 Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scotts
(c) City or town Memphis Rural
(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 George M. Overfield
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5 year 1947 hour 9 minute 30 A.
21. I hereby certify that I attended the deceased from 6/2 1947, to 6/4 1947, that I last saw him alive on 6/4 1947, and that death occurred on the date and hour stated above.

4. Sex MC 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kernaika Overfield (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 25 - 1861 (Month) (Day) (Year)

Immediate cause of death Labor Pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 108
Of autopsy _____

8. AGE: Years 85 Months 7 Days 10 If less than one day hr. _____ min. _____
9. Birthplace Leesburg Va (City, town, or county) (State or foreign country)
10. Usual occupation Farming

MOTHER FATHER
11. Industry or business _____
12. Name Franklin Overfield
13. Birthplace Leesburg Va
14. Maiden name Elizabeth Barrett
15. Birthplace Leesburg Va
16. (a) Informant Carl Overfield
(b) Address Memphis, Mo
17. (a) Burial (b) Date thereof July 7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leesburg
18. (a) Signature of funeral director Herb H. Beckert
(b) Address Memphis, Mo
19. (a) July 23-47 (b) Mrs. E. E. Parrish
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____
23. Signature PTA Baker (M. D. or other) _____
Address Memphis, Mo Date signed 7/7/47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
District File Number 7-47-203
Date Filed JUL 30-1947

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..... *Fred Gerth*

Licensed Embalmer No. *4256*

P. O. Address..... *Memphis m*

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.