-1/47
-17-39

9

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1845

Registration District No. 226 — Primary Registration District No. 4336 — Registrar's No. 5

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Holliday (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Monroe 69
(c) City or town Holliday 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Jane Overfelt
3. (b) If veteran, name war /
3. (c) Social Security No. /

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Charles Overfelt
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased 4 (Month) 6 (Day) 1863 (Year)

8. AGE: Years 84 | Months 9 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Monroe Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business at home
FATHER
12. Name Elkanah Farrell
13. Birthplace Monroe Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Rebecca Lunch
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant W. F. Overfelt,
(b) Address Salisbury Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Holliday Cemetery
18. (a) Signature of funeral director Fred A. Thompson
(b) Address Madison Mo
19. (a) Jan 30, 1948 (Date received local registrar) (b) Olive Little (Registrar's signature) 7.34

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1948 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec 30, 1947, to Jan. 28, 1948; that I last saw her alive on Jan 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 days
Due to Cardio-renal-vascular disease	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
93D

PHYSICIAN
Underline the cause of 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 2

23. Signature T. R. Garner D.O. (M.D. or other)
Address Madison, Mo Date signed 1/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-196
Date Filed FEB -2 1948

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 Mrs Ruth A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison Md

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.