

FILED MAY 12 1948
Registration District No. **226**

Primary Registration District No. **226 4386**

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

1. PLACE OF DEATH:

(a) County **Monroe**

(b) City or town **Italy**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 **Missouri** (b) County **Monroe**

(c) City or town **Italy**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME **Josephine Overfeet**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**
year **1948** hour **8** minute **45** M.

4. Sex **Female** race **white** divorced **yes**

5. Color or _____

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

6. (b) Name of husband or wife **Daniel D. Overfeet**

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

7. Birth date of deceased **9 1854**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 6**, 19**44**, to **May 27**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Duration **N.R.I.**

8. AGE:

Years	Months	Days	If less than one day
93	7	22	hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace **Monroe Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **at home**

12. Name **Louis Furrell**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Jessie June Conley**

15. Birthplace **Monroe Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Thelma Moore**

(b) Address **Italy Mo**

17. (a) **burial** (b) Date thereof **5-4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wick Cemetery**

18. (a) Signature of funeral director **J. E. Thompson**

(b) Address **Italy Mo**

19. (a) **May 7, 1948** (b) **Chas. L. Ellis**
(Date received by registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy **none**

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? _____ (a) Means of injury **(c)**

23. Signature **J. H. Burnett** (M. D. or other) **MD**

Address **Italy Mo** Date signed **5/4/48**

RECEIVED
District Health Officer No. 10
District File Number 5-48-839
Date Filed MAY 10 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. Fred A. Thompson

Licensed Embalmer No.

2282

P. O. Address

Mason 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.