

FILED JUL 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23079

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 127 days
(Specify whether years, months or days)

In this community 127 days

3. (a) PRINT FULL NAME

George Oversmith

3. (b) If veteran, name war no

3. (c) Social Security No. 488-01-6154

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Emma Oversmith

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

7. Birth date of deceased Sept. 14, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 9 16 hr. min.

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

10. Usual occupation Office work

11. Industry or business Treas. of County

12. Name Henry Herman Oversmith

13. Birthplace Ossenebrock Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Parks

15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mt. Vernon, Mo.

17. (a) Removed (b) Date thereof July 1 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director Map J. Smith

(b) Address Mt. Vernon, Mo.

19. (a) 7-1-48 (b) Cecil Hendricka
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Bellflower
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1948 hour 10:50 minute A M.

21. I hereby certify that I attended the deceased from March 6, 1948, to July 1, 1948,
that I last saw him alive on July 1, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration About 10 mo.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(e) Means of injury

23. Signature C. A. Brasler M.D. (M. D. or other)

Address Mt. Vernon, Mo. Date signed 7-1-48

RECEIVED

District Health Officer No. 6;

District No. 748-775

Date Filed JUL 12 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.....

By me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

May L. Smith

Licensed Embalmer No. 4252

P. O. Address Millersville, Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.