

No. 300
-10-47
4-17-39
PI 3906

FILED SEP 11 1948
Registration District No. 882

Primary Registration District No. 3017

Registrar's No. 122

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ONE DAY
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

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

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

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME HUGH FREDERICK OVERSTREET

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased SEPTEMBER 3 - 1948
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>0</u>	<u>0</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation INFANT

11. Industry or business INFANT

12. Name HUGH OVERSTREET JR.

13. Birthplace GLASGOW MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name LOUISE BARRINGHAUS

15. Birthplace HOWARD COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant HUGH OVERSTREET JR.

(b) Address NEW FRANKLIN - MO.

17. (a) BURIAL (b) Date thereof 9/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHOLIC CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE - MO.

19. (a) 9-3-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year _____ hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from Sept 3, 1948 to Sept 3, 1948 that I last saw him alive on Sept 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 10 hours

Due to Fall of mother at 7th month gestation

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) Fall

(b) Date of occurrence Sept 1-48 27

(c) Where did injury occur? Boonville MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell at Home

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

23. Signature [Signature] (M. D. or other) _____

Address New Franklin Date signed 9-3-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 9-10-48 -----

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Bronville, 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.