

FILED DEC 15 1948
Registration District No. 146

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
811 North Spring
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME BERT JOSEPH OVERBECK, JR.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 November 19, 1934
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>14</u>	<u>0</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Schoolboy

11. Industry or business _____

MOTHER FATHER { 12. Name Bert Joseph Overbeck, Sr.

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

14. Maiden name Marie Elizabeth Wiscup

15. Birthplace Missouri Valley, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Joseph Overbeck, Sr.

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) 12-1-48 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural Blue Township
(If outside city or town limits, write "RURAL")

(d) Street No. 10800 Independence Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th, year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 3, 1948 to November 30, 1948.

that I last saw h. im alive on November 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Dilatation of the heart with bad valvular lesion. Enlargement of liver to over twice normal size, possibly malignant. Cardiac Failure

Duration
3-4 yrs
5 to 6 months
6-9 yrs

Other conditions Contributory cause, badly infected tonsils
(Include presence within 3 months of death)

Major findings:
Of operations _____
Of autopsy 124

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 James W. Graham (M. D. or other) _____
Address 618 Argyle Bldg. K.C. Mo. Date signed 12/2/48

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.....

Stanley M. Seaton

Licensed Embalmer No. 4504.....

P. O. Address. Independence, Missouri

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.