

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

31634

Registration District No. 347

Primary Registration District No. 5495

Registrar's No.

1. PLACE OF DEATH:

- (a) County Henry
 (b) City or town Clinton Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 11 years
 years, months or days

3. (a) PRINT FULL NAME Mary Alice Oversole

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Henry Oversole 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 4 1856
 (Month) (Day) (Year)

8. AGE: Years 185 Months _____ Days 23 If less than one day hr. _____ min. _____9. Birthplace Huntington Co Indiana
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

- MOTHER FATHER { 12. Name John Hingenpelt
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Bergance
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Adda Oversole(b) Address French mo17. (a) Burial (b) Date thereof 8-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Englewood Cemetery18. (a) Signature of funeral director J. R. Hampton(b) Address Clinton19. (a) ✓ (Date received local registrar) (b) D. J. R. Hampton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Henry 42
 (c) City or town French 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. White Oak Loop 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1941 hour 8:5 minute 25 P. M.21. I hereby certify that I attended the deceased from Aug 20
1941 to Aug 27 1941;
that I last saw her alive on Aug 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Minipilin Paralysis
of left side
Due to arterio sclerosis
standing

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

Major findings: _____

Of operations _____

Of autopsy _____

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 0

23. Signature J. W. Galbreath (M. D. or other) _____Address French mo Date signed 8-29-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1785

Date Filed 10-14-41

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

R. R. Kenney

Licensed Embalmer No.....

3099

P. O. Address

Clinton 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.

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Primary Registration District No. 5495

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
(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 years, months or days)
 In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(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 Mary A. Everole

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Aug 4, 1886
(Month) (Day) (Year)

8. AGE: Years 85 Months - Days -
(If less than one day min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-28-1946 (b) W. J. R. Hampton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 21 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

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 _____

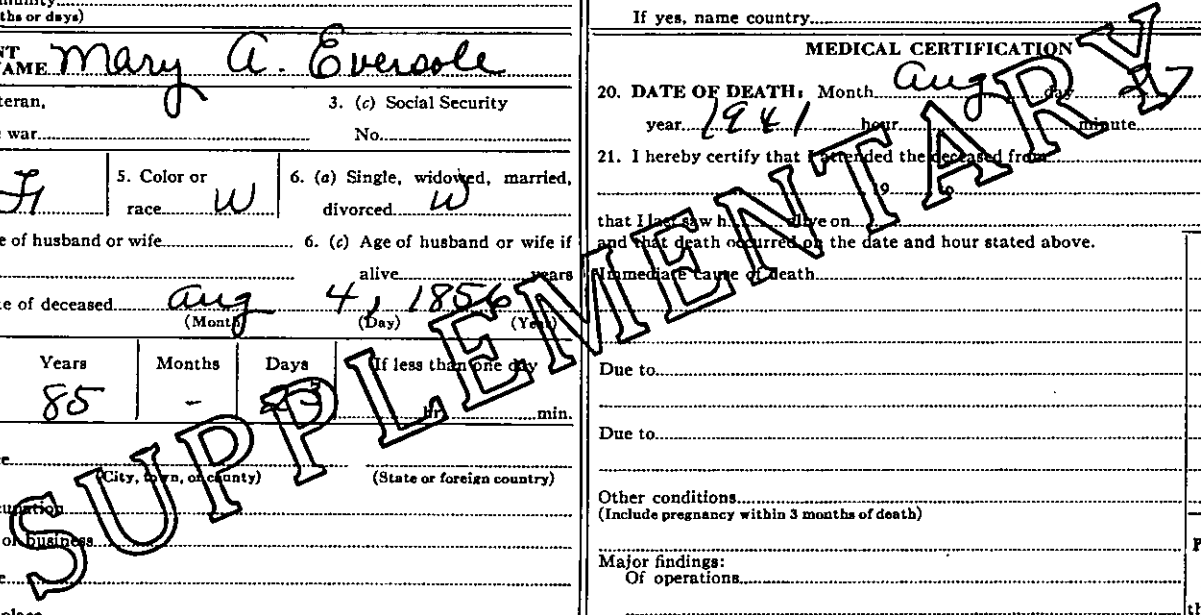
(c) Where did injury occur? _____
(City or town) (County) (State)

(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 _____ (M. D. or other) _____

Address _____ Date signed _____



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

MOTHER FATHER

S-31634 1941