LEC'D JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1622
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 20
(c) City St. Joseph — (d) Street No. 1307 Grand Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Frank Overcash
(a) Residence, No. 1307 Grand Ave. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Ida Overcash
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26, 1861.
7. AGE: Years 77 — Months 0 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.: Roberts Cone Co.
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chambersburg Pennsylvania

FATHER
13. NAME: Samuel Overcash
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Holland

MOTHER
15. MAIDEN NAME: Rebecca- Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Holland

17. INFORMANT (ADDRESS): Mrs. Mary Ida Overcash 1307 Grand Ave. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Memorial Park Cemt. PLACE St. Joseph, Mo. DATE Jan. 9, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.
20. FILED Jan 6 1939 H. J. Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 6 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Jan 6, 1939
I last saw him alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 5:00 AM
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis.
Angina Pectoris
Date of onset
Other contributory causes of importance: None
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) M. H. Saferstein, M. D.
(Address) 620 Francis

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Robert P.Clarkson, or by **********

Registered Apprentice No. **********, working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union Str.St.Jose

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

If this body is not embalmed, above space should be left blank.