

Registration District No. 223 1940

Primary Registration District No. 5448

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Willard - Mo - Rural (Murray Twp)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Willard Rural R1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Murray Twp  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Henry Allen Overturf 113  
(b) If veteran, name war none (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Florida Forbes 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 28 - 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_  
12. Name William Overturf  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Brown  
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant William Overturf

(b) Address Willard Mo R1

17. (a) Burial (b) Date thereof Jan - 28 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murray Cemetery

18. (a) Signature of funeral director Ernest Hessel  
(b) Address Ash Grove Missouri  
19. (a) Jan 27 - 40 (b) Mrs. Ralph Hugel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26  
year 1940 hour 4 minute 55 p. M.

21. I hereby certify that I attended the deceased from Aug  
\_\_\_\_\_, 1937, to Jan - 26, 1940  
that I last saw him alive on Jan 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & Respiratory Duration  
paralysis

Due to Arterio-sclerosis & Hypertension 3 yrs

Due to Hemiplegic stroke 2 mos

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations STW PHYSICIAN  
Of autopsy \_\_\_\_\_  
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 Charles H McHaffie (M. D. MISSOURI)  
Address Ash Grove Mo Date signed 1-30-40

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

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**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 Lucia B. [Signature]

Licensed Embalmer No. 26614

P. O. Address [Signature]

**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, above space should be left blank.**