

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37819
Registrar's No. 4417

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" (Name of township))
(c) Name of hospital or institution:
2211 East 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 years (Specify whether years, months or days)

RECEIVED
DEC 14 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2211 East 19th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Giller Overton

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

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Overton 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 12 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 3 If less than one day hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Turner

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

14. Maiden name Caroline
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant John Overton
(b) Address 2211 East 19th St.

17. (a) burial (b) Date thereof 11/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 11-19-40 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1940 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from October 15-40
October 15, 1940, to November 15, 1940,
that I last saw her alive on Nov. 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dilatation

Due to Myocardial degeneration

Due to Arteriosclerosis, Interstitial Nephritis-chronic and Cerebral hemorrhage.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no.

Of autopsy no.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no.
(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 1

23. Signature M. A. E. E. E. M. D.
Address 2432 Vine str. Date signed 11/19/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Robertson - Shivers - Fine

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..... *Dean Jerome Manlove*.....
Licensed Embalmer No. *3994*
P. O. Address *1120 E 23rd St.*

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.